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ABSTRACT

Project Lifesaver began as a joint suicide prevention effort of the Montgomery County (Ohio) Medical Society, the Suicide Prevention Center, Inc. of Dayton, Ohio, several Montgomery County social service agencies, and two county school districts. This teacher's manual for Project Lifesaver is divided into two main parts: Factual Components and Program Components. The facutal section includes the background materials necessary to implement the program components in the classroom. Each section of the program components includes reproducible handouts and activity sheets. Each section of the program is independent of the others, providing a great deal of flexibility to meet a variety of program needs. The factual components part covers these topics: the suicidal process; death and other losses; the suicidal child; the suicidal adolescent; and the care of the suicide survivor. The second part of the manual on program components covers these topics: staff inservice; parent awareness program; building elementary level coping skills; elementary level classroom meetings; elementary level puppet programs; secondary level presentations; secondary level case studies; secondary level role play scripts; secondary level stress management program; secondary level exercises for coping with loss and death; responding to suicide attempts and death; and training service providers. A bibliography is included and six appendixes provide results of a 1987 needs assessment of local school personnel concerning student suicide; a handout for parents; a set of values exercises with discussion guide; some sample school suicide policy papers; and a summary of ethical and legal issues. (ABL)

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LIFESAVER PROGRAM MANUAL

Child and Adolescent Suicide Prevention In School Systems

1988
Suicide Prevention Center Inc.
Dayton, Ohio

CG022362

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Lifesaver Program Manual: Child and Adolescent Suicide Prevention in School Systems

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The Suicide Prevention Center, Inc. (SPC) is a component of the mental health and social service system in Montgomery County, Ohio. As part of a nationwide system of over 200 centers, we strive to offer the highest quality care possible to those facing a crisis, feeling depressed and trapped, and turning to self-destructive behavior.

Our activities address four levels of prevention: actively intervening to prevent suicide attempts; preventing further dysfunction after a death or an attempt; working with high risk populations; and addressing those factors which create suicidal behavior.

The basic concept for a Suicide Lifeline and the creation of what has now become the Suicide Prevention Center, Inc. (SPC) was conceived in 1965 by a group of seventeen counselors and clergy. They shared a concern for the high incidence of suicide in the Dayton area during the holiday season.

While the initial intent was to provide a 24 hour crisis "hotline" only during the holidays, the emergency calls did not stop. From 1965 to 1977 funding and coordination were provided by the Dayton Pastoral Counseling Center and the city of Dayton.

In 1977, SPC incorporated as a community service, nonprofit organization. Permanent funding was sought and received from the Mental Health Board for Montgomery County. In 1981 SPC achieved national certification from the American Association of Suicidology and was recertified in 1984 and 1986.

In 1985, SPC became an affiliate agency of the United Way of the Greater Dayton Area. In 1988 the Human Service Levy of Montgomery County began supporting SPC's adolescent outreach program.

PC has become well-known as one of the leading organizations in the country providing specialized services focusing on suicide prevention and related issues.

This publication is one of 8 manuals, 2 quarterly reports, video films, and 41 pamphlets published by the Suicide Prevention Center. Many of the materials are available free of charge. A complete publications list is available through the Suicide Prevention Center business office:

SPC, Inc.
P. O. Box 1393
Dayton, Ohio 45401-1393

Additional copies of Project Lifesaver (original research in two school systems, 1986) and Lifesaver Program Manual are available at a cost of $20.00 and $30.00 respectively.

This manual is dedicated to all Suicide Prevention Center, Inc. Board, Hotline Team, Speakers, Puppeteers and Staff Members -- past, present, and future.

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INTRODUCTION

PROJECT LIFESAVER RESEARCH SUMMARY

The issue of youth suicide is a complex one, involving an almost incomprehensible array of problems and circumstances which may influence a young person's decision to take his or her own life. Much has been written about the increase in suicide among 15 to 24 year-olds during the past twenty years. Even more alarming is the mounting evidence of an increase in depression and suicidal behavior among young children.

Individuals who live or work with children and adolescents are certainly in a position which may bring them into contact with self-destructive and suicidal youngsters. One place where such children are frequently first identified is in the school. The realization of the responsibility which this position entails can often lead to feelings of frustration and helplessness for the concerned adult. Although a parent may be the first to bring the situation to the school's attention, most often it is the classroom teacher who initiates the referral process through the school counselor or psychologist. And all too often, this counseling professional is swamped by an unmanageable caseload or stymied by a parent who denies the problem or who refuses to obtain professional help for the child. When this occurs, it is the classroom teacher who must attempt to help the child, using whatever resources may be available at the time.

Project Lifesaver is a joint youth suicide prevention effort of the Montgomery County (Ohio) Medical Society, the Suicide Prevention Center, Inc. of Dayton, Ohio, several Montgomery County social service agencies, and two county school districts. Funding for this research was provided by the Montgomery County Medical Society and a Venture Grant of the United Way of the Dayton Area.

There are a number of books and manuals in print designed for use within school settings, but few are based on research gathered from a large population of students and their teachers. None known to the Suicide Prevention Center (except the Center's Elementary School Puppet Show) focus on the special needs of elementary school children and their teachers. A small experimental study was conducted by the Suicide Prevention Center of Dayton in 1982 (SPC, Inc., 1982) using 235 students at one Dayton, Ohio high school. The results of this study indicated that the students who had received a program on suicide prevention were significantly more likely to recognize the signs and symptoms of suicidal behavior and were also more likely to share that information with a teacher.

Project Lifesaver was designed to be a more ambitious study of the impact of suicide prevention programming on teachers and their students. The results obtained from this study provide the basis for curricula and materials contained in this manual. Pre-assessment questionnaires were administered to 323 staff and 3,564 students in two Montgomery County school districts. For both elementary level and secondary level adult participants, the focus of the assessments and subsequent inservice programs was on four areas:

1. Recognition of depression and suicidal behavior;
2. Short term crisis intervention;
3. School and community resources;
4. Factual information about suicide.

For elementary level students, the focus of both the assessments and classroom programs was on the sharing of feelings frequently associated with grief and loss and the development of a circle of adult resources. Secondary level assessments and classroom programs highlighted recognition of suicidal behavior, adult resources, and factual information about suicide.

Upon completion of the staff inservice and classroom programs, post-assessment questionnaires were administered to 194 staff and 3,089 students in the same two school districts.

The Statistical Analysis System (SAS) computer program was used to produce frequency distributions of the data and perform chi-square analyses (where appropriate). The level of significance was p$.05.

The results of the pre- and post-assessment surveys of elementary and secondary teachers provide strong evidence of the success of the Project Lifesaver teachers staff inservice programs. Ninety-two percent of the elementary and 100% of the secondary teachers who responded to an in-service evaluation form did, in fact, recommend such an inservice to other schools.

The results of the post-assessment surveys show considerable gains (16%-42%) in the ability of teachers to recognize those symptoms of childhood and adolescent depression and suicide which are often overlooked (i.e. hyperactivity, aggression, or inability to concentrate). Considerable gains (13%-57%) were also evidenced in knowledge of factual information about suicide, particularly with regard to children and adolescents. Although the gains in recognition of appropriate crisis intervention skills (2%-14%) were not as large as anticipated, there was still evidence that inservice training increased the number of teachers who recognized the importance of asking students directly about suicidal intent.

Among the resources available to teachers who are dealing with a student in crisis, survey results show the majority of both elementary teachers (97% pre; 96% post) and secondary teachers (93% pre; 95% post) listing the school counselor or psychologist as a resource. Post-assessment results for elementary teachers show a sizable increase in the number of teachers selecting the local mental health center (+11%) and a smaller increase in the percentage selecting the Suicide Prevention Center (+5%). Among secondary teachers, considerable increases occurred in the selection of the Suicide Prevention Center (+15%) and the local mental health center (+20%).

The pre- and post-assessment surveys of elementary (K-6) students produced some unexpected results. Contrary to our expectations that younger students would consider crying to be an acceptable means for both children and adults to express sadness, a Chi Square analysis of the survey data showed the reverse to be true. On both the pre- and post-assessments, kindergarten students showed the lowest percentage of students affirming the acceptability of crying behavior for themselves, adult women, and adult men. Further research will be necessary to determine whether this is a real developmental difference or a result of using a written assessment procedure with such young children.

With regard to children's preferences for adult and other resources, the survey results showed a strong preference for family and friends at all grade levels with the choice of "mother" being the top preference for all but the grade 6 post-assessment group. At that grade level, only 2 percentage points separated "mother" and "best friend" on both the pre- and post-assessments. These results appear to provide evidence of children's growing independence from family as they approach adolescence. Although such independence is a healthy and desirable developmental change, it is also the source of much confusion and stress for the child. This situation may be alleviated somewhat by developmentally-appropriate classroom programs in stress management and coping skills.

Findings of the resources section of the survey also indicate a relatively low preference for confiding in teachers and counselors beginning in grade 3. In a situation involving a suicidal friend, the top two resources were the friend's parents and the school counselor. However, when asked who they would confide in if they themselves were suicidal, a friend was twice as likely to be selected as a parent and counselors ranked even lower. Most alarming is the finding that one-fourth of the participants would "tell no one" of their own suicidal feelings. For this reason, teachers and counselors need to be trained to identify the "masked" behaviors (hyperactivity, aggression, etc.) typical of a student in crisis, since these overt behaviors may be the first indication that a problem exists.

An analysis of survey data concerning students' personal experiences with suicidal behavior yielded results similar to those reported by other researchers. Slightly more than 40% of the pre- and post-assessment respondents reported having thought about committing suicide (ideation).

Ten percent of the pre-assessment respondents and 12% of the post-assessment respondents reported themselves as having made a suicide attempt. Pre- and post-assessment data comparisons offer no evidence that conducting suicide prevention programs in the school setting increases suicidal behavior in students.

Assessment of the students' knowledge of factual information about suicide shows that secondary students seem to possess a considerable amount of accurate factual information even before attending a suicide prevention program. The results obtained from Project Lifesaver indicate that the level of accurate information possessed by the students in grades 7-12 can be increased as a result of classroom presentations.

TABLE 1: PROJECT LIFESAVER RESEARCH SUMMARY

SCHOOL DISTRICTS (based on informaiton solicited from Superintendent's Office)

	DISTRICT A	DISTRICT B
Size of District:	1 Senior High 1 Junior High 2 Elementary Schools	1 Senior High 1 Junior High 6 Elementary Schools (3 in Project Lifesaver)
	Approx. 1450 students	Approx. 4400 students
Location/Dayton:	south suburb	west suburb
Racial distribution:	99% Caucasian 1% Black	55% Caucasian 43% Black 2% Other
Predominant parental education level(s):	College-educated	High school/college educated
Predominant parental employment status:	Professional	Skilled trades/ professional

SUBJECTS: (actual participants)

	DISTRICT A	DISTRICT B
Pre-assessment:	111 Adult staff 557 Elementary students 698 Secondary students	212 Adult staff 903 Elementary students 1406 Secondary students
Post-assessment:	65 Adult staff 543 Elementary students 643 Secondary students	129 Adult staff 851 Elementary students 1052 Secondary students

PRESENTATIONS TO STAFF AND STUDENTS

	Elementary (K-6)		Secondary (7-12)		Total
	Staff	Students	Staff	Students	
Presentations:	8	68	4	93	161
# Attending:	172	1456	184	2164	3620

THE SCHOOL'S ROLE IN SUICIDE PREVENTION

Educational Programs

The old adage "An ounce of prevention is worth a pound of cure" applies aptly to suicide prevention work, particularly with children and adolescents. Suicidal behavior is often a product of stress and depression, conditions which are associated with low self-esteem and poor coping skills. Although it is true that many at-risk young people are forced go grow up in deplorable situations, many more of the young people who contemplate suicide are living in environments with the same amounts of stress and high expectations as their non-suicidal peers. By focusing on the development of self-esteem, problem-solving techniques, and coping skills from the early elementary years on, it may be possible to reduce the number of young people who succumb to stress and depression.

Although the school's educational effort will be directed primarily toward the young people, it is essential that parents, school personnel, and all other adults who work with young people be trained in the basics of suicide prevention and intervention. It is a policy of the Dayton Suicide Prevention Center, Inc. that before a new school is added to our speakers' agenda, the staff receives inservice training. This provides a safety net for students in the days and weeks which follow the classroom presentation. Outlines and materials for such training are included in this manual.

After a Suicide Attempt or Death

These special situations need to be addressed differently than regular educational programs since the students, staff, and families will need to process their reactions to a crisis situation. For this reason, separate sections of this manual address these two situations in depth.

Support Groups

Once programs such as Lifesaver are introduced into the school curriculum, the number of students who will be identified as at-risk will rise somewhat due to an increased awareness of the signs of depression and suicidal thinking on the part of staff and students. For each student who requires therapy there will also be a circle of friends who may need help in dealing with their friend's crisis behavior. Support groups for both can go a long way to help these students.

The Dayton Suicide Prevention Center, Inc. does not sponsor or run any teen support groups at the present time. Teens may attend meetings of Other Passages, an agency support group for attempters and significant others, with parental permission. The section on support groups included in this manual provides an overview of some types of support programs in use elsewhere.

The Lifesaver Program

The materials contained in this manual are the result of a lengthy process involving research, program design, implementation, and evaluation. Many of the recommendations for classroom programs are based on the findings of "Project Lifesaver: Child and Adolescent Suicide Prevention in Two School Systems." In addition, 114 local teachers, school nurses, and school counselors and psychologists responded to a questionnaire during April, 1987, which asked them to prioritize their needs with regard to school-based programs. The results of this survey (see Appendix) were also incorporated in this manual.

The manual is divided into 2 main parts: Factual Information and Program Components. The Factual Information section includes the background materials necessary to implement the Program Components in the classroom. Each section of the Program Components includes reproducible handouts and activity sheets. Each section of the program is independent of the others, providing a great deal of flexibility to meet a variety of program needs.

SCHOOL POLICY DEVELOPMENT

SUICIDE? Not in our town. . .Not in our school. . .

We'd all like to believe that suicide happens to other people, in other towns, and other schools. Unfortunately, statistics and field experience show that this is a potentially deadly belief. Although the adolescent suicide rates which had been dramatically rising during the 1970's and early 1980's appear to have leveled off, each year over 5,000 young people between the ages of 15 and 24 will still take their own lives. And this may be a mere shadow of the actual occurrences of suicidal behavior since many suicides are labeled "accidents" and most suicide attempts go unrecorded.

Some school personnel prefer to avoid this issue by either ignoring or denying the suicidal behaviors of their students. Many more want to do something to help these troubled adolescents, but simply don't know how to begin. Recent research shows that 10-17% of those adolescents studied (Klagsbrun, 1978; Ross, 1985; SPC, Inc., 1986) have attempted to take their own lives. The probability that teachers, particularly teachers of junior or senior high students, will have to face the issue of suicide in their school is not as remote as some would like to believe.

Due to the large amount of time students spend in the school setting, teachers have a high likelihood of observing behaviors which are indicative of a crisis situation. This, coupled with the teacher's intrinsic responsibility to educate the child in life skills as well as academics, makes it imperative that educators become familiar with suicidal behavior and the ways of helping students through such a crisis. To avoid the confusion that will occur if a suicide attempt or death occurs among the student body, school systems need to have specific policies in place for suicide prevention and intervention. The specifics of such a policy may vary somewhat to accommodate individual district's needs, however a number of recommendations can be offered here. During the planning stages of such a policy, administrators should consult with the school district's legal counsel to ensure compliance with existing state and local statutes regarding such issues as confidentiality, parental notification of suicidal behavior in their child, parental consent prior to in-school counseling, and staff responsibilities for those students who may be at-risk for suicide.

A Model for School Program Policy Development

I. Educational Component

  A. Teacher inservice training
  B. Classroom programs for students
  C. Parent awareness programs

II. Intervention Component

  A. Identification, assessment, and referral of at-risk students
  B. Support for at-risk students
  C. After a suicide attempt
  D. After a suicide death

Educational Component

A committee of the district's administrators, curriculum specialists, counselors, nurses, and teachers should review the Lifesaver Program to determine how the educational components can best be integrated into the existing curriculum.

Staff Inservice-- Inservice of school personnel is essential prior to working with students in the classroom. This inservice should include not only administrators, counselors, and teachers, but also the support staff (nurses, secretaries, aides, maintenance persons, bus drivers) who may be just as likely to encounter a suicidal student. After the initial inservice provisions should be included for annual review and updating of information.

School personnel have many opportunities to observe those student behaviors which may signal a crisis situation. Teachers have a broad basis for comparison in order to determine "normal" adolescent behavior and to spot deviations from the norm, as well as to observe the behavioral changes of individual students over a period of time. An awareness of critical changes in written expression (stories and poetry, for example), art work, clothing styles, and personal habits puts the educator in a unique position to intervene in a crisis situation. Appropriate training is essential if the teacher is to feel comfortable responding to the crisis. Knowing what to say and how to say it is one of the primary concerns of educators when the issue of suicide prevention is raised.

Student Classroom Programs-- Student classroom programs emphasize the "prevention" aspect. Elementary level programs are designed to build self-esteem, develop strong coping skills, and establish a trusting relationship between youth and the adults who are entrusted with their care. Secondary level programs deal more specifically with suicide, but also continue to build on the skills developed in the earlier grades.

More than these two program formats (one elementary, one secondary) are necessary to meet the specific needs of different developmental levels. The simple puppet skits used in the primary (K-2) grades can be expanded to take into account the longer attention span and more sophisticated problems of older (grades 3-6) elementary students. Similarly, the suicide prevention program selected for the junior high level can be expanded to meet the need of the senior high students, who are rapidly approaching adulthood. The various activities included in the manual provide a starting point for such an individualized program in the schools.

Parent Awareness Programs-- The cooperative relationships between home and school can be strengthened by providing education and support services for parents. Although attendance at such programs is usually light unless there has been overt suicidal behavior (attempts or a death), every effort should be made to reach the parents with factual information, especially since much of the program is devoted to encouraging students to seek adult assistance for a friend in crisis. Knowledgeable parents can provide a strong and effective support system in this situation.

Intervention Component

The same committee approach to planning can be used to develop school policy for assessment, intervention, and referral of at-risk students. In the staff inservice section of this manual a discussion of present school policy is suggested as an inservice topic for one session. As a result of this discussion, a committee could be formed to draft a policy for staff and administrative review and to eventually write the final policy statement.

Suggested Guidelines for School Policy Development

I. Identification, assessment and referral

  A. Decide who will coordinate the identification, assessment, and referral process (i.e. counselor, school nurse, specific teachers, etc.)
  B. Any staff member may bring a concern to this coordinator
  C. Involved staff independently complete the Assessment Instrument (see: "The Assessment of Suicide Potential") then meet jointly to discuss results
  D. The coordinator contacts parents to schedule a conference with him/herself and any other involved staff members
  E. Conference is documented by coordinator
  F. Coordinator maintains parent contact to ensure conference recommendations are followed

II. Support for at-risk students

  A. Establish method of support

    1. Formal support groups (i.e. for attempters, children of divorce, etc.)
    2. Peer listening/support programs
    3. Informal one-on-one with staff
    4. Combination of methods

  B. Identify staff members who will facilitate support networks and provide training

  C. Establish a setting for support meetings to take place

III. After a suicide attempt

  A. Notification procedure

    1. Designate an individual to contact the family to extend an offer of support and to determine the family's preferences with regard to notification of staff, the return of the child to school, etc.
    2. If parental permission is obtained, notify those staff members who interact with the student that an attempt has occurred and what assistance the student is receiving.
    3. With parental permission, student inquiries may be addressed individually. Discussion of the attempt should not be undertaken in the classroom unless the attempt occurred on school property and student concerns are obvious.

4. If parents request total confidentiality, involved staff can be told to observe the student's behavior for signs of depression or crisis and to report these observations to the individual who made the initial parent contact. An "open door" policy with the guidance staff can be used. This invites the student to "drop in" any time he or she feels a need to talk without mentioning the suicide attempt.

B. Support for the attempter

1. An invitation to talk to guidance or teaching staff on an as-needed basis
2. Tutoring during absence from class and an easing of academic expectations during outpatient therapy, if appropriate
3. Cards and letters of support from staff and students; staff visit, with parental permission
4. Formal support groups if available

C. Peer concerns

1. Unless the attempt occurred on school property in front of other students or in such a way that other students are aware of the attempt, talking about the attempt with peers is the perogative of the student attempter and his/her family
2. If the attempt is widely known, concerned students can meet with the intervention staff to talk about these concerns or to decide on a means of expressing their concern and care to the friend who made the attempt.

D. Documentation

1. All interactions regarding the attempt should be documented with date and circumstances of the interaction noted; parental signatures should be on all conference documents (send copy to parents)
2. Copies of this documentation should be secured in the school office.

IV. After a suicide death

A. Planning

1. To learn the specific circumstances surrounding the death and to dispel rumors
2. To develop an understanding of school and community dynamics surrounding the death
3. To develop relationships with those who will be involved in the grief support system, including any community professionals
4. To decide on an appropriate course of action for the coming weeks

B. Staff Meetings

1. To process the feelings staff members are experiencing as survivors of suicide
2. To plan the activities for the various grade levels, etc.
3. To review recognition, assessment, and referral processes
4. To implement the school's plan for offering condolences, etc. to the family

C. Programs

1. Student assemblies -- to notify students of the death and to share what will be done to assist those in need of help for themselves
2. Individual consultations for staff and students -- these can be done using the system's guidance and counseling staff or outside professionals.
3. Parent meetings for information and education
4. Memorial activities

D. Community and Media

1. Designate a school spokesperson
2. Let students and staff clearly know what the media policy will be, i.e. media spokesperson only will speak to press; students and staff may accept interviews, but only on their own behalf, etc.
3. Develop "Gatekeeper" programs with community civic organizations to ensure community awareness and support for youth suicide prevention

4. Utilize the resources of local mental health or suicide prevention centers if such services are available

More detailed information concerning the handling of suicide attempts and deaths in the school setting is contained in other sections of this manual.

FACTUAL COMPONENTS

THE SUICIDAL PROCESS

Suicide. The mention of the word brings a multitude of feelings and thoughts to people's minds. We feel anger, sadness, confusion, shame, rejection, curiosity and fear. Perhaps we understand, and feel compassion or admiration.

Recent statistics report that over 30,000 people complete suicide every year. Many more, as many as ten times that number, attempt or gesture.

The ages range from young children to the elderly. Suicide knows no barriers of age, sex, race, occupation, income or ethnic heritage.

Most frightening is the knowledge that no one is immune. It can strike our friends, our families or ourselves.

Suicide is a complex issue. This pamphlet* attempts to illustrate the suicidal process. It avoids theories, statistics and jargon. We include what we have learned about the paths that lead to suicide and how suicidal persons attempt to tell us about their passage.

Suicide is a process. It takes a period of time and follows basic stages.

Life vs. Death

Suicidal persons start on a path between life and death. They can turn around at any point prior to death. Most go back and forth, returning to a choice between life and death many times.

Pain Source

There is a pain source in their lives. Something (and it can be anything) causes them so much pain that they try, as rational human beings will do, to stop the pain. The end of living becomes the way to change. Death is an agent of change. Suicidal persons speak of death as a relief from a life too painful to bear.

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* Originally published and copyrighted as a pamphlet by the Suicide Prevention Center, Inc. 1986.

Tunnels

Suicidal persons speak in terms of tunnels, falling into deep holes, the walls moving in. Their ability to "see" objectively gradually decreases. They are typically not insane, crazy, or psychotic. They are trapped, feeling helpless, having lost all hope for a change. Part of this tunnel vision is due to a shift in thinking vs. feeling, often referred to as left vs. right brain control. The feelings (right brain hemisphere) begin to overwhelm and dominate their thinking (left brain hemisphere).

Signs

Fortunately, there are many signs that a person is on a path toward self-destruction. These fall into three broad categories: verbal, non-verbal, and touch.

Verbal: As people consider suicide as an option, they explore this choice by verbally asking questions, making statements, and "thinking out loud." In general they talk more about death and suicide. This may take the form of abstract statements and questions:

> What do you think about people who commit suicide?
> Where do people go after they die?

Or, the talk may reference someone specific -- including themselves:

> How would you feel if I died?
> Did you read about the plane crash? At least those people don't have anything to worry about anymore.
> Sometimes I wish I were dead.

A final change in speech is that the person begins to reflect a tunnel -- their feelings (right brain) begin to overshadow their reasoning. They talk more about feelings and often use more descriptive, sensing terms (colors, smell, texture, taste, tactile).

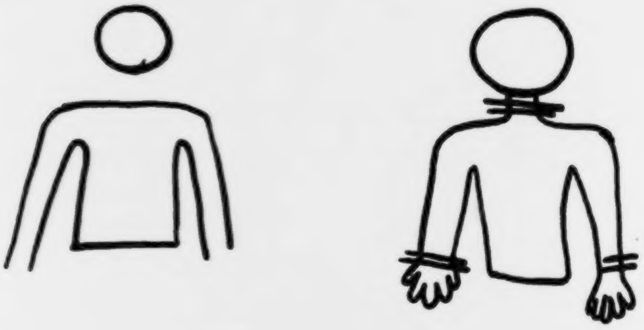
Because these verbalizations often receive strong negative reactions from others, the suicidal person gradually stops them. Near the end of their passage the verbalizations reappear, and added are strong messages of farewell. These messages not only say goodbye, but good riddance, you will be better off without me!

Non-verbal: The non-verbal indicators include music, artistic expression, and writings. With music, the person slowly but surely focuses on one or two songs. If they listen, write, perform or direct music, they pick on a song that has meaning to them. The song(s) represent death, a loss of hope, their pain source, and often suicide.

The writings (letters, notes, diaries, school assignments, poetry, etc.) have changes similar to the verbal indicators. They include death and suicide, and are more "right-brained." Persons who never wrote poetry, suddenly can't write it fast enough. School assignments are twisted to include the themes of death and suicide. The writings increase as their talk decreases. Near the end, wills and insurance policies may be rewritten.

Artistic expression includes not only drawing, painting, sculpting, etc., but how one dresses, decorates their home and work environment, and doodles. Again the themes are death and suicide. Often there are themes of violence. The colors are dark, and there is an absence of joyful subject matter (rainbows, butterflies, flowers, etc.) unless these are dead or dying. Body figures are unusually small (reflecting their self-worth) with the neck and wrist being absent or with slash marks on them.

Figure 1: Body Drawings



Touch: There are two touch signs across all age groups. The person (1) stops touching others and (2) recoils from the touch of others. As they move to self-destruction, the loss of human touch (a powerful communication) becomes more and more noticeable.

Four other factors may or may not occur. It is rare for all of them to be expressed by one person.

(1) There is a neglect of self touch. As a result personal hygiene deteriorates, the clothing becomes dirty and torn. An example is the statement, "I can't even get it together to brush my teeth."

(2) There is an increase in body distance from others and a closure of gestures. Much of this is to avoid touch. One caller was concerned about her husband, he had attempted several months ago, and once again each night he was sleeping in a tighter and tighter fetal position.

(3) There is nervous touching and hiding behavior of the neck and wrist. Two common suicide areas. These areas are irritating to the person; they can't leave them alone.

(4) There are a number of small injuries, at times as a result of risk taking behavior. Most of these occur in the person's normal environment, so they are noticed after a series of them occurs.

Stages

The suicidal process can be divided into three stages: ideation, threat, and attempt.

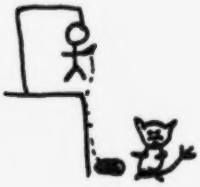
Ideation: When research indicates that nearly everyone has been/will be suicidal at least once in their lifetime, they are referring to the ideation stage.

In this stage, the person is thinking about the "idea" of suicide; in fact it may be all they think of. However, they struggle with the attraction of suicide (as a relief from a painful life) and the repulsion to suicide (I can't bring myself to do it). This is finely balanced, with their signs reflecting both sides:

> I really wish I were dead, but suicide scares me!

Threat: In the threatening stage, the delicate balance begins to tip in the direction of seeking death. They still wish there were another way "out of the pain" but can see none. This enables them to begin to select a method and plan their suicide. An example of this stage is found in the doodlings of an 8th grader (artistic expression). On standard size paper he drew:

Figure 2: Mark's Drawing



a hanging figure on
a cliff with a bloody
knife in one hand, with
a pool of blood next to
a devil figure.

The words out of the devil's mouth were:
Mark. . .I want you
Out of the hanging figure's mouth were the words:

> HELP ME -- SAVE ME -- If someone doesn't help me, I'll be dead by (8 days later).

"Mark" had two methods, a date, and what he thought would happen to him, yet he writes "Help me -- Save Me."

Attempt: The final stage is attempting. It begins with a decision to die. This resolution brings a sense of relief, a calm, and possibly a happy mood. They have decided that death is the best option for themselves and everyone else concerned. Because of the mood elevation, others often feel that they have "snapped out" of it, when in fact they have "snapped into" it. Family and friends will breathe a sigh of relief and drop their guard.

In this stage final arrangements are made or finalized. Methods of closure, saying goodbye, occur. The serious attempt or completion happens quickly, usually within 48 hours.

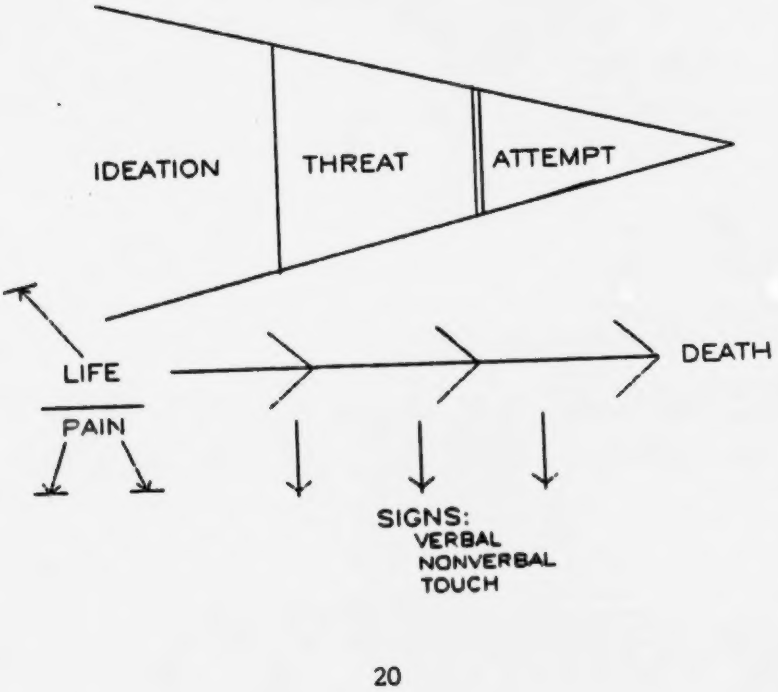
The first two stages can vary in length from several weeks to years. Persons may enter the process and turn around only to re-enter again. A person who has "talked" about suicide for years has been in the first or second stage for years.

The final stage is short. If it is longer than 2 days there is a specific reason for the extension: inability to find a method, a special occasion, etc.

The process is a funnel: not everyone who ideates moves to threatening; not everyone who threatens moves to attempting; and not everyone who attempts dies.

This process can be viewed like this:

Figure 3: The Suicidal Process



Gestures vs. "Failed" Attempts

There are two ways for people to "short circuit" the suicidal process. They either gesture or have a "failed" attempt. In the process these occur at two different places.

Gestures: A suicide gesture occurs before a resolution for death. Persons who gesture do not want to die, but choose the suicide attempt as a means to communicate their pain. Because they do not want to die, the method is typically not lethal (or they don't believe it to be lethal) and the location and timing are around others. The gesturer may also self-rescue.

This is not to say that persons who gesture are in no danger, they may well be. Their non-lethal attempt may prove to be lethal, their timing may be off (someone is expected home but is late), the planned rescue may fail due to a miscalculation (the phone line is busy), or the rescuer gets tired of rescuing them ("I'll not leave this meeting to take the call").

The gesturer is often the recipient of very negative responses, ranging from "You just want attention -- so I won't give you any", "You're just trying to manipulate me;" to actually educating the person on more lethal means "It doesn't take 20 aspirins, it takes 100!", or telling the person to do it: "I'm tired of this -- why don't you just do it right!"

This final reaction is more likely to occur after several gesturing episodes. When people are responded to in one or more of these ways, the message they internalize is that they have tried to tell others how desperate they feel, and those others don't care.

Persons who gesture will often use the same method repeatedly, as they are not seeking death. Their response to their rescuers is positive.

The long-term lethality of a gesturer, particularly a repeating gesturer, is high for accidentally dying, or becoming a serious attempter.

"Failed" Attempts: Persons who have resolved that death is their goal (relief from a painful life) and believe that what they do to themselves will lead to their death, but do not die for some reason, are "failed" attempters.

Their reaction to being rescued is negative. They are often angry, demanding to be allowed to die, and frequently embarrassed that they have failed.

The reactions to persons who make a serious suicide attempt often include shock, fear, disappointment, and anger. There are typically large doses of disbelief. One husband's response to his wife's gunshot attempt in the chest was that if she really meant it "she would have put it into her mouth."

The family and friends of serious attempters freely express their shock to the attempter. Attempters, in turn, are shocked that people are upset, that people really care(d). A typical reaction by attempters is to "chin up" and really try to "snap out of it" as they are told. Trying to be helpful, others tell them how foolish they were, how God wasn't ready for them yet, how things will get better if they just think positively. We refer to this time period as the "honeymoon." During the honeymoon period, attempters really do try to see life in a positive light. They try to act and be happy.

They try to lift their own spirits by masking all the indicators except for touch. Unfortunately, a common reaction of family and friends is to accept this play-acting as truth, and discontinue (or never initiate) efforts to secure mental health treatment.

Attempters are able to carry the act for 60-90 days before they make a second, often fatal attempt. This second attempt utilizes a new (and more lethal) method. They rarely use the same method twice, unless they are in a restricted environment (e.g. prison).

Children

There are three factors concerning children who turn to suicide that differ from the model presented. Children often do not have an understanding of the finality of death, they don't use "adult" methods, and their pain sources are often hard for adults to recognize.

Death Concepts: Children move through various stages of understanding death. Most researchers agree that children do not realize that death is final for themselves until ages 9-11.

Due to this misunderstanding, children may wish to die: (1) to visit someone ("Grandpa is in heaven and happy" can seem to a child that heaven is an attractive place that they can come and go from); (2) to punish others ("You'll be sorry when I'm gone." "How will you know?" "I'll know, I'll still be here!"); or (3) to temporarily end intense pain ("I just want to go away until all this is over.").

Children's Methods: Children often have confused ideas on what can hurt them. The media they view may show them that very dangerous actions are not harmful. One child reported to us that if he ran in front of a steamroller he would not be harmed. He cited a cartoon show where the character was run over, stood up flat, walked, then popped out back to original size!

Often children choose methods that adults assume are accidents. One researcher found that the two methods children choose are running in front of traffic and leaping off of playground equipment. We find children taking pills (including vitamins) and the adults' reactions focusing on teaching the children that pills are not candy.

Pain Source: Children do not have the life experience to realize that they can survive loss and disappointments. Their losses may seem very small to adults, such as the loss of a pet turtle, or a favorite play toy.

Because adults don't recognize the child's loss, they don't help the child grieve. When the loss is recognized by adults as traumatic (e.g. the loss of a parent), adults may still be very reluctant to help the child grieve, as we may feel that children don't necessarily feel the loss ("Kids snap right back"), or they express their grief in ways we don't understand (run, laugh and play at the funeral home), or we are uncomfortable with death and loss ourselves and cannot overcome this to work with children in grief.

Due to these three factors, suicidal children are often regarded as nonsuicidal. This makes it very difficult to get them treatment. Many children who complete suicide are considered victims of accidents.

Mental Illness

We do not see the suicidal process as an indication of mental illness. Some mentally ill persons do complete suicide. The vast majority of mentally ill persons do not. Some people who complete suicide are mentally ill, again most are not.

Being mentally ill is a powerful pain source in our culture. We often place blame on a person who is mentally ill. We feel that they are less than human, that they caused the illness, and that they can contaminate others.

The primary care for a mentally ill person involves drug treatment. Unfortunately each drug affects each person differently and these drug effects may contribute to the person's sense of control loss and depression.

Lethality

Lethality is the measurement of how dangerous the situation is, how close the person is to doing something, and how much the person wants to die. In short, lethality tells you how much time you have, and gives you a better idea of what you need to do. We look at five things when we measure lethality.

Loss: People who turn to suicide may have done so due to a loss pain source. They have lost a relationship (divorce, moving, breaking up), a body function or their health (illness, surgery, blindness), or they have lost some of their self-worth (broken date, rejected from a group, public embarrassment).

If loss is not involved in the original pain source, it is part of the suicidal process. They lose their confidence, ability to reason, and sense of purpose.

Isolation: Just as with loss, isolation (being apart from others) can be either part of the pain source *or* part of the process. Many elderly, homemakers, and people new in the community, feel isolated and alone. Even when one is surrounded by people, if those people don't understand us (or don't want to be with us but have to!) we feel isolated.

As people move toward suicide, they stop being around others. They may refuse to answer their phone calls or the door. They may be with others but sit apart quietly.

Statistically, persons who are alone (divorced, separated, widowed, never married) have a higher suicide rate. This does not guarantee that a married person can never become suicidal.

Plan: Suicidal plans contain three parts: location, time, and detail. The location may be around others, or away from everyone. If it is away from others, the plan is more dangerous. A location around others may indicate a hope that someone will stop the attempt. The location can also help explain the pain source. One teacher wanted to hang herself in her school's gym, just before an assembly. After all the school was settled in, the lights would "come up" and they would all see her hanging there. She wanted to punish the entire school, whom she perceived as the source of her pain.

The timing may also be such that the attempter is hoping to be stopped. A person who overdoes with pills fifteen minutes before someone else is expected home is not as lethal as a person who overdoses fifteen minutes after everyone leaves.

The detail of the plan is important. Has the person thought of possible ways to foul up, and how to stop them? For example, a person who has planned to shoot themselves, after overdosing, with the oven gas turned on, has carefully thought out the details.

Method: The method selected contributes to lethality. Do they even have a method in mind? Can they use this method? One of our crisis line callers wanted to jump off the Golden Gate Bridge, but he had no plans to go to California! If he had selected jumping in general he would have been more lethal.

Does the person think that the method will kill them? If they are young, they may not understand methods, and if they are confined (in jail, in a hospital) their selection of methods is limited.

In general the most common, highest risk methods involve use of a firearm, hanging, or jumping from a high place. All of these happen quickly, with no time to change one's mind, or for someone else to stop them. These methods also cause great physical harm very quickly: the human body cannot defend itself.

This is not to say that people always die with these methods. One attempter tried to shoot into her heart, the bullet hit a rib, skidded along the rib, and exited her body under the arm. As high risk methods, these result in death more often than not.

Lower risk, common methods are: oral ingestion (pills, poison), cutting, and gas. These take a longer period of time, allowing for the person to change their mind, or someone to discover and stop them. These methods cause a slow, gradual physical harm to the human body, which at times can protect itself. Many attempters have vomited up or slept off their overdoses, for example.

Again, people can and do die from these methods, in particular if they are used in combination with alcohol, or if the attempter has specific knowledge of the method. Physicians, nurses, and pharmacists have extensive knowledge of medications and their effects. When they overdose, the attempt is very lethal.

History: How a person has experienced suicide, either personally or with others, contributes to lethality.

Gestures and Attempts

Of the people who have made a previous attempt or gesture, the research indicates that one in five (20%) will eventually complete suicide. Likewise 4 in 5 (80%) will not kill themselves. A person who repeatly gestures or attempts runs the risk of accidently dying.

A person who witnesses another person being suicidal is also at higher risk, as they see this behavior as a role model for problem solving. This is particularly true if they see this over a period of time, beginning when they were young. They may actually develop coping behaviors that include suicide. Every time they feel overwhelmed, they talk (and threaten others) and even gesture or attempt suicide.

Survivors of Suicide

The person left behind after the suicide death of a loved one (this does not have to be a family member) is a survivor of suicide. Most researchers believe that the survivors' rate of suicide is 2-4 times as great as those who have not lost someone to suicide.

The suicide death is a powerful role model for others with a painful life. The grief itself is unusual. It contains elements of guilt, shame, rejection, anger, and at times relief. These feelings are overwhelming and difficult to resolve. Additionally, the grief recovery really can never get started as others do not want to talk about this kind of a death loss. As a culture we are uncomfortable talking about death, and we rarely let someone talk about a suicide death.

Oh, Grief and Sorrow

Oh, Grief and Sorrow,
  why do you linger on?
Must I forever tread the deep
  waters of despair?
Will this always be?

Joy and Laughter, why have
  you abandoned me. . .
And sentenced me to a life
  void of feeling and love?
Will this always be?

Guilt, you have shackled
  my soul with the chains
of remorse and unworthiness;
  My shattered spirit is
crippled and distorted with pain
  that only death can end.
Will this always be?

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The Best of SOS.)

INTERVENTION

The intervention tips in this pamphlet are included to help the reader begin an intervention process. There are two elements that are overriding with this issue. First, intervention with a suicidal person is extremely difficult. We are afraid as we realize that the person we are with is seriously considering death. Second, the closer you are to this person, the harder it is to do the intervention needed. It is nearly impossible to provide therapeutic intervention with a family member or a close friend. This issue is just too scary.

You must get your loved one, friend, or colleague to professional intervention, now. During the intervention process, believe them as they tell you how things are going. If the suicidal person does not feel that they are making progress, they will act on these feelings. Do not berate them that they are just not trying hard enough, or that they just don't want to get better. Therapist and clients may not be able to communicate, through no fault of either party.

These following three issues will help you better understand the intervention process.

Right Brain Dominance: The dominance of the right brain hemisphere (feelings not thinking) means that how a suicidal person is approached must be feeling oriented. Direct questions, which often begin with the famous what, when, where, and why are confusing to them.

Why are you suicidal?
-- They can't answer because it requires logic, a left brain function.

What makes you suicidal?
-- Again, an answer requires the left brain function of reasoning.

When did you first start feeling this way?
-- The answer requires drawing on historical recall, a left brain function.

Suicidal persons tell us that they desperately want to tell their counselor, therapist, minister, etc., how they are, but they don't even understand the questions they are asked.

The intervention must draw on the teachings of emphatic and active listening, which both focus on feelings. The use of the non-verbal signs of writing, art expression, and music are excellent during intervention. Ask them to share these, and how they feel about these, with you. Additionally, day and night dreams can be very helpful.

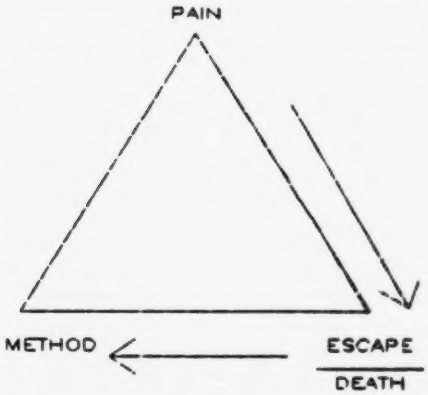
A survivor of suicide shared this about her dreams:

> There seemed to be no one in my life who could share or comprehend the depth of my despair. I would envision my body hanging from a steel beam in the school gym, and wondered just how long it would take for death to occur; what the possible effects on the students and staff would be.

The person's day and night dreams can tell you about their pain source (such as the dream described above where the entire school is the pain source), possible methods, and timetables.

Triangle Model of Intervention We see this suicide intervention process as being three sided:

Figure 4: Triangle Model of Suicide



The pain leads one to escape through death, which leads to selecting a method. Many will try to neutralize the initial means of choice and then not pursue the matter any further.

> "We don't need to go to therapy,
> I've hidden all the guns."
>
> "I'm not going to let my son drive anymore,
> that will solve all this."

Unfortunately, the possible means are endless, as completed suicides in isolation rooms of jails and hospitals attest. Remember, as you try to figure out all the methods, you are thinking logically. The suicidal person is right brain dominated, and is being creative. They will think of ways you never dreamed of.

The second side, escape through death, is another area that people attempt to have an impact on. Again, focusing on this doesn't work because it requires reasoning and logic. We have heard many stories where a suicidal person was "sat down" by concerned family and friends to be "reasoned" with." We sat Dad down, had a good heart-to-heart talk. He finally agreed that this was foolish. So why did he try again the next week?" The person gets tired of being bombarded, and feels even more isolated.

The originating factor, the pain source, must be addressed and resolved, or the process begins over and over again. If you are dealing with a person who has repeatedly threatened, gestured or attempted, their pain source has never been resolved.

Content vs. Context: The content of a communication is the words in verbal, the action in non-verbal and touch. The context is the delivery of those words and actions. We have learned through life that the context is the true meaning of the communication. As your friend stands there, turning their back to you, gritting their teeth, their voice a hiss, but they say "Nothing is wrong.", you know that something is! You do not (and cannot) listen to just the words. When you see a youngster being forced to kiss an adult, and they do but their face is all contorted and they are kicking and pushing away, you know that although the kiss happened they did not want to be any part of it!

When we realize that someone is suicidal, we become afraid. The closer we are to them, the more afraid we become. Because the content, potential death, is so frightening, we stop listening (and recognizing) the context. This forces us into a communication paradox.

The communication paradox centers on the fact that we attach one of three values to all of our communication.

(1) Affirm -- We let the person know that we heard them, that they are important enough to answer, and that we agree with them -- they are a good person.

(2) Negate -- We let the person know that we hear them, that they are important enough to answer, but that we disagree with them -- they are a bad person.

(3) Ignore -- We let the person know that even if we heard them, they are not important enough for us to even answer them.

We communicate this way in our everyday lives. If someone admired your suit, you could respond in three ways:

Affirm -- Thank you! I like it too!

Negate -- How could you like this trashy old thing!

Ignore -- Where do you want to go for lunch?

The communication pardox is that when a person makes a suicidal statement, if only the content is listened to none of these three responses are helpful. Consider the suicidal person saying "I can't take it, things are so bad I might as well blow my brains out."

Affirm -- Few people affirm unless they think the person is joking. They might respond with "Sure, and I'll do it too!"

Negate -- Attempters tell us that they are frequently negated, due in large part to the fact that others don't want to believe how serious they are.

> "You can't do that."
>
> "You shouldn't feel that way."
>
> "But you have everything to live for, a good job, a nice home, etc."
>
> "You're just going through a stage (phase, rough time, etc.)."
>
> "Don't say that, ever again! It's (immoral, illegal, sinful, too scary, etc.)."

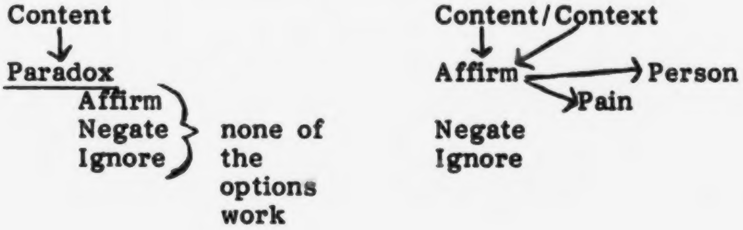
Ignore -- Many attempters are simply ignored when they tell others of their intentions.

To stop this paradox, you must force youself to listen and respond to the context. Thre are three elements in the context: the person, the pain, and the solution. At all times, the person and the pain must be affirmed. This means in all areas of communication, verbal, non-verbal and touch, you affirm that they are a good person. If you say, "I'm worried about you, please tell me more." but step away from them while you say it, you are negating them non-verbally. Be careful with touch. They have been withdrawing from human contact. Do not touch them near the neck or wrist (like holding hands) as they don't like to be touched there. Full body hugs, arms around the shoulders, etc. are also very uncomfortable for the suicidal person. We teach that one should lightly touch the shoulder or upper arm and then release. This lets the person know that you care, and are willing to touch them (as they often feel untouchable). Combined with a verbal affirmation this is very powerful.

When the person includes us in their pain (no one loves me, I have no friends, nobody cares) it is difficult to affirm the context. If we reply "Oh, but I love you," "I'm sure you have friends," or "I care," we are in fact negating them. Statements such as "Right now you feel like no one loves you" affirm the person's pain.

The process so far looks like this:

Figure 5: Content vs. Context



Finally there is the solution. It is best to ask a three question sequence to determine how far they are in the process.

(1) Establish contact

> This question itself has three parts. Begin by listing everything you have seen and heard that leads you to believe they are suicidal. Second, make an 'I statement' that you believe that suicide is what they are seeking. You must say the words "killing yourself" or "suicide." If you can't, the person gets the message that you cannot handle their answer. Third, ask for confirmation of your belief.
>
> > "I've noticed that you've been very sad, you don't spend time with others, all your paintings are about death, and now you tell me that you've been thinking about killing yourself (step one: summary); I think you are seriously considering suicide (step two: I statement), am I right (step three: ask for confirmation)?

If the suicidal person is in the first (ideation) or second (threat) stage, you will see visible signs of relief that finally someone has been willing to talk. The person will answer, yes.

(2) and (3) confirm plans.

When they answer yes, you ask the second and third questions to help you determine the lethality (how dangerous) of the person. Ask "Have you thought about how you will kill yourself?" Then, "Have you thought about when you will kill yourself?"

A person in the first stage, ideation, will have a vague notion of method and timetable. What they tell you focuses on not wanting to suffer more ("I don't know how, I just want it to be painless.") and a sense of urgency ("I don't know when, I just know that I can't take it much longer.")

A person in the second, threat, stage will tell you specific methods ("I'm thinking about using a gun.") and timetables ("I'll do it before next weekend.").

Notice that the questions determining means and timing are not questions that require logic (what, why, etc.) but rather focus on the here and now.

A person in the third stage (attempt) will answer no to the first question. Often they then try to joke and encourage you to forget your fears. This does not mean that they are not suicidal, it means that they no longer want to be stopped.

During this third stage, the person must be hospitalized. Unfortunately they often fight hospitalization. When this is not possible, we strongly encourage others to leave the situation, particularly if there is a weapon present.

If the person has begun the attempt, immediately call the rescue squad/police. Now is not the time to call others to see what they think, or to keep secrets and promises not to tell.

If the person is in the first two stages they need professional care and should be encouraged to do so. Share everything you know with the therapist, counselor, minister, etc. Encourage others to do the same. After determining how serious the situation is, refocus immediately on affirming the person and their pain.

> "You must be desperate, and you sound so scared."

Hotlines

An anonymous call to a hotline is a common first step in seeking help. The hotline call returns an element of control to the suicidal person. They choose to call, they can selectively reveal information (for example, we'll never know that they are a well-known person unless they tell us), they can end the call, they trust the person won't go on to tell others about them, and they can focus on feelings (they feel ugly, but others tell them that they are beautiful).

When the hotline is staffed by trained volunteers the element of realizing that the person is talking to you because they want to, not because they are paid, can be very powerful with people who feel that no one cares for them.

Self-Help Groups**

One innovative approach to providing therapy for people who have attempted suicide is the self-help method. This can be seen not only as a viable treatment in its own right, but also as a useful adjunct to traditional means of psychotherapy and a gate of entry into the Mental Health Services System for clients who are hesitant to seek help within the system. The self-help format draws upon the attempters themselves as a resource to comprise an open, accepting forum in which they can discuss topics that would frighten or offend family members, find assistance and support in solving their problems and rebuilding their lives, and build their self-esteem by being able to help others with their problems.

Suicide attempters face an interrelated web of problems which tend to reinforce and build upon each other. They include internal problems like grief and depression and external ones such as repression by society. Seen from the perspective of the attempters' coping abilities, the problems lie both with the attempters who face them directly and with the people in their lives who either contribute to them or aid in their resolution.

* See SPC's Suicide Is Scary. . .Especially With Someone You Love

Even well-meaning individuals frequently make insensitive, inappropriate responses to the threat of suicide in a friend. These reactions are often rooted in the misguided notions of folk-wisdom, and may not be conducive to the suicide attempter's continued well being.

Suicide attempters have a great need for community support and opportunities to share their feelings, but they experience difficulties in communicating with others for several different reasons.

Out of fear, both attempters and those around them contribute to the isolation and repression that characterize their situation. Fear also works to isolate the attempter and prevent sharing of self-destructive thoughts. It should be noted that many individuals are hesitant to seek help in the Mental Health Services System.

Yet another difficulty attempters usually encounter in coping with their problems involves a lack of experienced, successful role models from whom they may learn productive coping techniques. Suicide attempters themselves have the potential of being a valuable resource which can be drawn upon to provide support and understanding in the context of a self-help group. Self-help groups facilitate communication, enhance self-esteem, provide social interaction and enable attempters to help others. This combination of acceptance, understanding, confidentiality, and a willingness to listen is difficult for attempters to find in society at large and makes the presence of such a group valuable to them.

** -- excerpts from TO BE OR NOT TO BE. . .A Study of Suicide Attempters and the Self-Help Model, Frank Stevens, Suicide Prevention Center, Inc. 1983

DEATH AND OTHER LOSSES

INTRODUCTION

Death is often a subject to be denied and avoided at all costs; our own mortality terrifies us. We fear and deny old age because it reminds us of how vulnerable and insignificant we are and that death will come too soon. Thus, suicide seems to be a denial of every life sustaining belief we have been taught. The word is spoken only in hushed voices, far from anyone we might think is "too sensitive." We believe children are among those who are "too sensitive."

The idea that a young child should be told the truth about a suicide of someone they know seems cruel; and the idea that they would contemplate, attempt, or commit it seems impossible. Thus, for too many years people have shoved the subject off to the back corners, doing very little research in the area. It is only recently that the importance of doing such research has been recognized and that adults have realized the importance and magnitude of children's emotions and problems.

CHILDREN'S CONCEPTS OF DEATH

Young children do not have a fully developed understanding of what death is. They willingly believe in magic, that the dead can return to life, and that death will never happen to them.

It is not until the age of three that children develop a sense of object permanence where they realize that a person or an object continues to exist even though the child can no longer see it. It is at this stage that children can first grieve over a loss. Once they have learned to grieve, and feel loss, some mental health professionals believe that there are three stages in their developing understanding of death.

At the first stage they learn that dead is different from alive, but do not view death as permanent. Death is seen as a departure, a sleep, a painful separation. They often strongly believe in magic, and that willing something to happen can make it happen. They may believe that they can bring Daddy back by wishing it hard enough, or that if they die, they can go see Mommy for awhile and then come back (Nag, 1948: Paulson, 1978; Reference Note 4 B). They may believe that death is inevitable in the far away future, but not see it as something which is going to happen to them now. Children will be in this stage from about the age of three to seven depending on the child.

In stage two children may understand that death is permanent, but may not understand that they are mortal, and will die. Also, they will see death as being outside of themselves, instead of as an internal function (Reference Note 4 B). Children often still see the world in terms of magical occurences, and many animate non-living things. Thus, death is often seen as: (1) a separate person that came, and took a loved one away or (b) may identify the death experience with the loved one to the point that death becomes the dead person (Nagy, 1948). This stage generally lasts to about the age of nine (Nagy, 1948; Paulson, 1978; Reference Note 4 B).

At stage three children realize that death is final, and that it happens to everyone including themselves. Most people see this as occurring around the age of nine or ten (Nagy, 1948; Paulson, 1978; Reference Notes 4 B and 7 A). Piaget maintains that children do not have a full concept of death until the age of fourteen (Reference Note 2).

The view children have of death will be greatly influenced by their environment. They will have a hazier view of death if it is rarely discussed. If they have been brought up religiously, what they have been taught about death will greatly influence their view of it (Reference Note 1.) The three stages previously mentioned are the basic pattern of development for every child. Children who have a parent, sibling, or other close person die are likely to develop differently due to an "enriched environment" (Despert, 1952).

TIPS ON TALKING WITH CHILDREN ABOUT DEATH AND OTHER LOSSES

In talking with a child about death it is important to be honest with the child. Parents and relatives may think they are protecting the child by not telling him or her the truth; but the child will more often than not see through the lie and become resentful. Here are some basic guidelines for explaining death to a child:

> Due to the incomplete cognitive, emotional and social growth of a child, children simply do not experience and perceive events as adults do.
>
> Determine the child's general development status: cognitive, emotional and behavioral.
>
> The more comfortable the child feels, the more information they will share. Be sure to consider: your timing, the setting, parents/others, your trust level, rapport, and the content.
>
> Children have short attention spans so typically the best is a step-by-step chronological process. However, if they speak spontaneously be sure to allow them to talk.

Use language appropriate to the child's level. DO NOT ASK WHY QUESTIONS! Never threaten or try to force them to talk.

Ask direct, simple questions as open-ended as allowed by the child's level of comprehension and ability. Note the level of sophistication and ability to understand concepts. (the old' what, when, where, when)

Be honest
Listen carefully
Be consistent
Respect what the child says he or she knows or hears
Talk about the deceased family member
Involve the children in what is happening with the funeral, etc.

CHILDREN'S DEPRESSION

Infantile Depression

Depression can occur in a person at any age, even in infants as young as three months. They may fail to grow despite adequate physical care or they may show disturbances in eating and sleeping, crying, colic, headbanging, and general listlessness. Often these are reactions to inadequate emotional care or depression in the primary caretaker (Segal, 1975; Teicher, 1970; Toolan, 1962).

Other researchers report self-destructive behavior in children at the age of two who have repeatedly poisoned themselves (Toolan, 1968). Until recently many clinicians did not believe that children become depressed because their symptoms are not the same as those of adults. Now, however, they are realizing that it not only exists, but also that it is relatively frequent (Segal, 1975).

Children's Depression

Aspects of childhood depression have led people to the erroneous belief that children do not become depressed. Unlike adults, children generally remain active and capable of displaying interest in the environment. Also children do not usually objectify their feelings and so are less likely to complain about a general state of depression. Often, therefore, parents and teachers do not consider a child "depressed" and so are less likely to offer help (Segal, 1975).

Children's depression has many of the same characteristics of infantile depression, but to a greater and more complicated degree. There are two basic forms that a suicidal child's depression can take: (1) the child who is anxious, difficult to handle, never satisfied, aggressive, hostile, and delinquent, and (2) the quietly withdrawn, obviously depressed child. Both of these types are in some situations referred to as "masked depression" although it is often a more appropriate term for the first type.

These behavioral signs of a possible masked depression include repeated temper tantrums, disobedience, running away from home, accident proneness, psychosomatic illness, hypochondria, truancy, academic and behavior problems in school, school phobias, chronic fatigue or boredom, and hyperactivity (French, 1975; Paulson, 1978; Toolan, "a" 1962).

Children's depression can also be seen in more "traditional" adult symptoms. Some children become withdrawn, quiet, listless, and unresponsive. Like adults, they undergo a more noticeable personality change of emotional perspective, dominated by feelings of dejection and despair usually accompanied with a sense of guilt, and a loss of self esteem (Segal, 1975).

An important issue in considering suicidally depressed children is accident proneness. A child who is depressed and suicidal may be willing to take more risks than normal; or it may be that the accidents may be attempts at suicide. The child may well have meant to run in front of the moving car, or may have been intending to jump from the window (Paulson, 1978). Unfortunately, these symptoms are often ignored or punished, merely causing an increase in the depression of the child, which could eventually lead to feelings of such hopelessness that the child would actively attempt suicide.

In suicidally depressed children, there tends to be a great deal of isolation, emotional detachment, insensitivity to affectional needs of others, and rejection by peers leading to feelings of hopelessness. These feelings often develop into a vicious circle of isolation leading to acting out, resulting in rejection which causes the child to feel isolated (French, 1975; Paulson, 1978).

THE SUICIDAL CHILD

INTRODUCTION

Any suicidal gesture by a child should be taken very seriously. Even if he is "just trying to get attention" or the method does not seem very lethal, the act is signifying a need for help. If it is not attended to it may result in another, more lethal attempt. Suicidal children, like adults, fall into different categories. Suicidal children may be psychotic and not really in touch with reality. Others show signs of depression, self-punishment, anger, or impulsivity (Shaw, 1965; Reference Note A). The largest group, as well as the hardest to identify are the depressed children. Mental health workers often call depression in children "masked depression" because their depression is hidden in other behaviors (Klagsburn, 1976).

These categories are, in many ways, related to depression, but a child may attempt for any of these reasons without being truly, clinically depressed. A child may also be psychotic and attempt suicide during a psychotic episode. These children are usually easily identified as they often do not perceive the same reality as other children. The precipitating events may be the same as for other suicidal children or it may be that they were instructed by voices to kill themselves or because of a psychotic fear. Thus the suicide attempt can be seen as a combination of an individual's emotional makeup and external stresses or extreme social pressure (Shneidman, 1957).

External stresses center around the home and the school. The first and most important emotional support that a child has is his parents. If there is trouble at home a child is sure to feel a great deal of stress.

The importance of the family in a child's development is crucial. Children are far more attached to their parents as "love objectives" than adults are, even to a spouse. Therefore, any hostility that is felt towards a parent is very hard for a child to admit to himself. Anger and hostility is expressed as an accident (Jacobs, 1971). Many suicidal children come from homes where the intra-family conflict is great. Separations, divorce, death, and intense parental fighting occurs in a majority of the families with suicidal children (Hatton, 1977: Paulson, 1978).

Without friends or family the child is likely to feel highly isolated and unloved. These children are likely to become aggressive, rebellious, and never satisfied. Serious problems in school can increase their feelings of isolation. One example of this is an eleven year old boy who was seen by a psychologist because he was acting out, screaming at his mother, and in a lot of trouble at school. He was having severe problems with his peers and purposely got himself suspended from school which actually only increased his isolation. He told his mother that he was going to kill himself and was brought in for an evaluation. When talking with the therapist, he was most willing to share his anger and resentment about his mother's alcoholism and his feeling of rejection. His mother did not think that she needed to get involved in helping him (Reference Note 3).

Warning signs that the child's depression may be suicidal are a continued maintenance of: (1) lack of self-confidence, low opinion of self and abilities, feeling of defeat, withdrawing into self, spending more time alone, and a loss of interest in future activities; (2) acting out of negative attitudes, hostile behavior, hyperactivity, headbanging; and (3) changes in eating or sleeping habits (Segal, 1975).

The causes of childhood depression are not always clear. Environment plays an important role as does the child's own makeup. As with adults, depression may be either acute or chronic. Children may become suicidally depressed because of the loss of a parent or a sibling, a divorce, or a series of events. An acutely depressed child, however, tends to have a poor history of adjustment and a more set pattern of coping that will cause him to be less receptive to help (Segal, 1975).

Children attempt suicide for several reasons besides depression. (1) They see it as a means of self-punishment. They become convinced that they are bad or did something unforgivable. Many times these children are acting out the said or implied wishes of people around them that they would "just go away." These children often have parents who have attempted or completed suicide and somehow feel that if they had been better that Mommy or Daddy would not have deserted them. (2) They attempt suicide because they are angry; it is a way of getting back at an adult who will not listen to them. It is a way to seek revenge or gain power and control. (3) They attempt after the loss of a love objective and are suffering from either acute or prolonged grief. (4) It is a final cry for help directed beyond the immediate family. (5) They do it on an impulse. A good example of this is the case of a nine year old boy who tried to hang himself four times after he was told that he could not go horseback riding because it was too late. The underlying feelings and problems may have been there for a long time, but the suicidal act itself was impulsive (Teicher, 1970). And (6) There is a wish for a "fantasy rescue" where everything will be made all right and the "bad me" will go away (Mallson, 1969: Shneidman, 1959; 1968 Reference Note A).

Self-destructive and aggressive behavior is also seen in children who identify with abusive and rejecting parents. (Pfeffer, 1979).

A suicidal child is often a sign of severe family problems which are being blamed on one member. It is important, however, to avoid placing blame on individuals as it only interferes with understanding how the suicidal behavior functions in the family system and how the family can be helped (Hatton, 1977).

HISTORY ASSESSMENT

In order to fully evaluate the suicidal risk, eleven areas of the child's history must be examined. The suicide risk increases with the number and severity of these symptoms. Factors include: (1) a depriving, disorganized family; (2) a single parent home, with that person working; (3) a past history of significant emotional loss; (4) a suicidal parent/family member; (5) a history of personal rejection or a relationship which is rejecting; (6) scapegoating within the family; (7) any past self-destructive act; (8) parental depression; (9) many recent stresses; (10) recent medical or psychiatric illness; and (11) moving, separation, or divorce (Reference Note 4 A).

Aggressive children form one high risk group. These are children who are constantly being beaten up or who are constantly willing to place themselves at risk.

A second important group of suicidal children are those who seem to be perfect children. It is believed that the suicidal act is one of rebellion, the child has been too good for too long and may find the only vent for anger is on him/herself. Many of these children are never seen unless and until they make a blatant attempt that cannot be called an accident. They are good children who do not cause trouble in school or elsewhere and so are often unrecognized (Reference Note 4 A).

In both the aggressive and the perfect child the real issue seems to be a lack of communication and support. "Studies of the 'invulnerable children,' youngsters who are able to absorb life's more cruel and unusual punishments and continue to function show that a single good relationship outside the household often enables these overburdened kids to withstand chaos, neglect, or abuse in the family."

Most children who attempt suicide lack that one close friend or the ability to make that friend (Edwards, 1981). Thus, the suicidal attempt seems to be either "death-seeking" to escape an intolerable situation, or an instrument to influence someone else's behavior (Schulyer, 1973).

Play and Fantasy

The fantasy life of a child is central to his emotional development. Conflicts and stresses that the child may lack the vocabulary to discuss or wish to admit may become a part of a child's games and dreams. The fantasy life of children who commit suicide is full of descriptions of being unloved and unwanted. There is almost no identification with family members, while there is an obsession with death. Often the children will visualize themselves as being dead and their parents overcome with sorrow and grief. Their dreams will relate to bodily emptiness and loss of parts of the body, usually referring to the loss of some meaningful relationship (Toolan, 1968).

Children often repeat traumatic situations in play because they seem to gain more mastery of their emotions than is possible in more passive experiencing. Thus suicidal children may act out omnipotent super-hero fantasies in life-endangering ways such as jumping from heights and going fast (Pfeffer, 1979). A twelve year old boy who was a compulsive eater, bedwetter, and troublesome at home and school often fantasized that he was dead and that everyone was feeling sorry for how they had treated him. He had a great deal of anger and resentment towards his father and wanted to get even by making his father feel guilty (Toolan, 1962).

Play and fantasy can be seen as a reflection of the child's anger and hurt; and is often an indicator of what the child is feeling, but cannot admit to himself. Play may also become the instrument through which the child can make a suicidal attempt through super-hero fantasies (Pfeffer, 1979).

ACCIDENT OR SUICIDE?

In a child the suicidal attempt is not always clear. Many times it will appear as an accident or people want to believe that it was one. Other attempted suicides are not taken as such because adults forget that a child's understanding of the world is not the same as an adult's. One seven year old girl took three to four vitamins honestly believing that they would kill her, but her aunt did not see it as anything serious because she knew that they could not hurt her (Reference Note 7 B).

Many attempts in children, as in adults, are overdoses. Our culture teaches us to "take something" to relieve pain. Pills that relieve headaches and upset stomaches can be considered to relieve "other pains" by some children. In addition, medicine is relatively easy to get a hold of and does not require a lot of skill in terms of an attempt (Horn, 1973). Many of these "accidental" poisonings may be thinly disguised attempts at self-destructive activity (Horn, 1973).

The difference between an attempted and completed suicide in terms of completion can sometimes be quite hazy. Often children do not succeed who are dead set on it because they don't know how to tie a good knot in a rope or they took too few pills, although they assumed it was enough. One nine year old boy tried to hang himself four times, but could not make a proper noose (Teicher, 1970). Another girl took pills, but did not take enough to die although she believed she had (Pfeffer, 1978). Whether they wanted to die or not, particularly in the case of the girl, is not clear merely from their chosen method. It is more often a reflection of the means available, than a clear indication of lethality. Hanging, however, usually indicates a great deal of lethality.

WARNING SIGNS

Before a suicide is attempted there are many warning signs given. The "high risk" child in terms of family background, "accidents", or quiet withdrawal has already been discussed. These children may never even contemplate suicide, although the statistical chance that they will is greater. In addition, there are other signals that children may give when they are becoming suicidal.

Any dramatic change in behavior in any direction should be considered serious. The child who is usually quiet who suddenly starts acting out or the usually boisterous child who suddenly becomes quiet and withdrawn should both arouse concern. A radical drop in school performance or increased illness may also be indicative of serious problems. Dramatic changes in eating, sleeping, other bodily functions, or a dulling of thoughts and feelings are of great significance (Segal, 1975).

Children may give clues such as "I feel like killing somebody;" or request information, "How many pills does it take?" An older child may be open about depressive feelings, problems with peers or family, and possibly even suicidal ideas (Schuyler, 1973). These children may also display overt self-destructive behavior such as cutting themselves with scissors, driving staples into their hand or intentionally running in front of cars.

Often when children become suicidal they will reach out to one last person -- a teacher, doctor, clergy -- who they think might care (Reference Note 4 A).

TREATMENT

Once a potentially suicidal child has been identified, help must be offered. At this point the lethality of the method is not important. The child is pleading for help. If it is not given the result may eventually be death (Hatton, 1977). It is of great importance to acknowledge the validity of the child's feelings. Don't tell the child to "cheer up" or "forget it" but do provide reassurance that these feelings are not shameful and that you care. (Segal, 1975).

If possible the parents should be involved in helping the child. Sometimes a child wants a third party to talk to their parents for them, but if they do not, unless they are highly lethal, it is better to maintain their trust. If the problems seem beyond the scope of what an individual feels he can handle, a referral to a psychiatrist, psychologist, or social worker may be indicated.

Treatment of suicidal children is based on the concept that there is a threatened or actual loss of a love object. The basis for treatment, therefore, is in re-establishing positive relationships with important people and in having the child establish a good relationship with the therapist (Schneidman, 1957). The parents are actually more important than the therapist as they spend the majority of the time with the child. If the child does not trust the therapist he or she will then resort to denying and acting out (Toolan, 1968; Reference Note 4 A).

Therapy should be provided for the parents to support any needs they have and to show them how to help their child. The younger the child is, the more important it is to work on developing a constructive home environment. Often there are one or two distressing events that cause a child to become suicidal. If it has been a short time since that event, emphasis should be placed on working with the family as a whole.

If it has been a long time since the event, or if it has been a long series of events, the behavior will have become more ingrained in the person and work will have to proceed on a one-to-one basis in addition to helping the family. If the family will not be supportive of the child an alternative support system must be found. (Reference Note 4 A).

Sometimes suicidal children are not identified as such until they are seen for other reasons. Many children are brought in for psychosomatic disorders or behavioral problems. Often children will not even speak of suicidal thoughts or wishes unless they are directly asked (Reference Note 4 A).

When the child is first seen, an assessment must be made of the seriousness of the situation. If the home environment is workable and the child is not too lethal it is best to leave the child at home; otherwise hospitalization may be indicated (Reference Note 7 A). Pfeffer (1978) feels, however, that hospitalization is the treatment of choice as it is a more secure environment and as there is a more dependable support system for the child.

Once an assessment has been made, it is important to work with the family in developing more positive relationships with one another and with the child in the initial crisis. One of the best ways to help a child work through feelings is in art and play. A child thinks in images before words and therefore has an easier time drawing a picture or creating a scene in a play, than trying to give a verbal translation. Thus play therapy is often useful in helping a child express feelings that are confused (French, 1975; Hatton, 1977).

The prognosis for a child depends on the pre-existing home situation. If the parent or parents are basically functioning well and can be supportive of the child, the child will probably overcome her suicidal inclinations relatively quickly. If however, the home situation is bad, the child may have a great deal of trouble (Reference Note 4 A).

METHODS

The methods of children tend to be more restricted than those of adults. The younger the child the more this holds true.

A young child lacks both skill and privacy for hanging or electrocution, although some do complete suicides in this fashion. In addition, such methods require having well thought out plans which a child is rarely capable of doing. Jumping from a window or in front of a car is more easily carried out and more a reflection of a child's impulsiveness. However, such behavior is often ignored as a suicide attempt or a suicide, often being classified as an "accident" (Hatton, 1977; Shaw, 1965).

Three hypotheses for the methods used by children are: (1) they utilize methods available that require no skill; (2) the amount of aggression they feel influences the method choice; and (3) those methods which have symbolic significance in power and speed are often used (Pfeffer, 1979). The first is probably of primary importance. While many intentional "accidents" occur through jumping and running into traffic, the recognized completed suicides are often committed through such means as hanging, electrocution, and overdosing.

REASONS

Violent deaths such as these can be seen as an act of aggression. Suicide is often said to be anger and aggression turned inward. Suicide in children occurs primarily because the anger cannot be vented on the external, frustrating objects (Maris, 1969).

In addition to suicide being an act of anger in children, it can also be (1) an impulsive act -- done in a moment of rage; (2) sado-masochism -- deriving pleasure from hurting the self; and (3) magical thinking -- where they don't see death as permanent (Shaw, 1965). Children, feeling the threat of the loss of a love object, develop feelings of not only rage, but also of helplessness (Maris, 1969). "What may finally determine a child's death by suicide is a degree of conceptual maturity; disturbed family background; depressed mental state; a precipitating incident, often of a humiliating kind; access to means of suicide and an opportunity to use and in addition close experience with suicidal behavior either through its occurrence in his own family or within his peer group." (p. 289. Schaffer, 1979).

These factors can occur in the apparently "good" child, as well as in the one who constantly acts out. This "good child" who commits suicide after a minor disagreement or a bad report card is likely to be the quiet, withdrawn child who cannot ask for help even by acting out (Hatton, 1972; Leonard, 1967). It is this child who is the most tragic because she is likely to slip by unnoticed until she kills herself trying to be accepted.

As with those who attempt suicide, the most significant factor for those who complete a suicide is the lack of constructive relationships. In suicide attempters, an attempt may be made on the basis of extreme family problems. In the completed suicide the child is almost always described as having had no close friends and being alienated from the family (Jacobs, 1971).

Alienation can lead to resignation. The greatest risk of suicide occurs when the child accepts or believes that life will always be like this. A child's plan is often not as well formed as that of an adult, and it may take a specific incident to cause an actual suicide to occur. Therefore, if possible, it is best to try to avoid those situations which might induce a suicide in a high risk child.

The only case example mentioned of a child who actually committed suicide is in Henrik Ibsen's play The Wild Duck in which the daughter kills herself when her father rejects her after he discovers she is not his biological daughter. The impulsive and dramatic shooting is in many ways typical of a child who has just had her major "love object" snatched away from her and is feeling a strong rejection (Lester, 1972).

SUMMARY

The reality of suicide for a child cannot be denied. A child is not always so innocent and happy as to never contemplate, attempt, or complete suicide. The problems and hardships of childhood must not be forgotten or ignored. The grave impact of a suicide on a child must be recognized and handled.

A child's understanding of death may not always be accurate and their reactions may not be appropriate. Of primary importance, however, is for those adults in a child's life circle -- parents, doctors, teachers, clergy -- to be sensitive to the fact that childhood is not always the easy time our nostalgic dreams wish it would be.

THE SUICIDAL ADOLESCENT

Introduction

Suicide is the second leading cause of death among adolescents. Many teens attempt suicide. In fact, one in every ten teenagers will have attempted suicide by the time they graduate high school.

With teenagers as with adults they attempt or complete suicide as a way of solving their problems and escaping the pain associated with them. Throughout the entire life cycle males complete suicide twice as often as females but females attempt suicide twice as often as males. Over the last 25 years the suicide rate for young people has increased 250%.

What does a suicidal teenager look like? Walk into any place where teens are gathered and look around. Any teen you see could be suicidal. The teen who makes straight A's in school, comes from a good family and is popular could be just as easily suicidal as the teen who is failing in school, is socially criticized and has family problems. The straight A teenager could become anxious about the idea of losing all that they have. On the other hand the failing student may be handling their stress and not actually be suicidal.

As adults, we must be careful in judging the problems of teenagers. We need to look at their problems from their perspective. To a teenager having problems in school can be like an adult having problems at work, and breaking up with a boyfriend or girlfriend can be just as devastating for a teenager as a divorce can be for an adult.

Teenagers today are caught in a trap of sorts. They are not yet adults, but they really are not children either. Part of this trap is the age at which puberty begins in comparison with the average age of marriage. About 100 years ago the average age of puberty was about 17 and this was also the average age of marriage. Now the average age of puberty is about 12 to 13 and the average age of marriage is about 25. This difference between the age where young people reach the age of a heightened sexual awareness and the age where they can fulfill their sexual desires in a manner acceptable by society has increased greatly over the last few years.

Many teens who commit suicide do not realize that they are using a permanent solution to a temporary problem. Most teens have not developed adequate coping skills. Today many parents take care of their children's problems for them so when the parents are no longer fulfilling that role the children do not know what to do. Many adults do not role model good coping skills. By example, we teach them that they can some how escape their problems in divorce or substance abuse.

Stress

When teens talk about their problems they generally fall into three categories: problems at home, in school, and with friends. Problems at home can range from not getting along with their parents and siblings to alcoholism to abuse. They often feel like they are not understood, sometimes they feel like they are asked to take on more responsibility than they should. In school teens are put in situations of great pressure. They must be in classes they do not like, doing work they do not like for teachers they do not like. Students who make bad grades feel pressure to bring their grades up and students who make good grades feel pressure to keep their grades up. They are often afraid of failure.

In the area of friends there are a variety of problems; peer pressure is one of them. Peer pressure is not always bad, but many teens are caught in the bind of doing what they know is right or doing what their friends want them to do. When they go along with negative peer pressure and get in trouble for it they suffer not only their own guilt, but the effects of their parents or school administrators coming down on them. Many adolescents also feel the pressure of their friends having a boyfriend or girlfriend and they do not or they feel the pain of breaking up.

Depression

Depression for adolescents is a combination of the depression of children and the depression of adults (see Children and Depression and Suicidal Process for more details). Most often teens who are depressed will exhibit changes in behavior. They may change their eating habits, they might start to eat more or they may start to eat less. They may change sleeping habits. It might be insomnia or it might be an extreme amount of sleep. They may also withdraw from social contact. A depressed teen may act out or try to cope with their depression through substance abuse.

High Risk

There are several factors which can put an adolescent at high risk for suicide. Abusing drugs and alcohol put a person at risk. The suicidal person is often already depressed and by adding alcohol or many drugs they are adding a depressant to a depression. Also, drugs and alcohol tend to lower a person's inhibitions and a person may do things which they would not normally do. A person who would not normally kill themselves may do so while under the influence of drugs and/or alcohol.

Many young people today are neglected either intentionally or unintentionally. This leaves the child feeling unloved and unwanted. It allows the child more freedom to be involved in unhealthy activities such as substance abuse and participating in criminal activity. Other teens are abused physically, sexually, or emotionally. These teens often use suicide as a means of escape from their abuse. They may also feel that they are so bad that they do not deserve to live. Often they blame themselves for their abuse because they do not realize that they are victims. (For more about abuse see the section of this manual on Suicide and Interpersonal Violence.)

Loss of some kind may put a teen at risk. The loss can occur in a wide variety of ways. They may lose a parent through divorce. A friend or family member may move away causing another type of loss. Deaths may also occur. The teen is particularly at risk if the death is a suicide death because suicide has now become an acceptable way of dealing with problems. Other types of losses include a loss of status or role, a loss of health, and a loss of a body part or function of a body part.

If a teen has previously attempted suicide they are at a much higher risk to attempt again. The lethality of the attempt is irrelevant. A suicide attempt is a cry for help; if the cry is not heard and help is not received they will usually attempt again.

Warning Signs

One of the most frightening issues with suicidal teens is that teens often act impulsively. While they will go through the stages of the suicidal behavior pattern (see the Suicidal Process section) they will go through them very quickly, perhaps in a matter of minutes. Because of this impulsivity teens may reach the point of a suicide attempt without seeming to give clues to anybody. They may also act out of anger and attempt or complete suicide.

One frequently asked question is: how do you know if a teen is suicidal or if they are just going through an adolescent phase?

The clues to adolescent suicide include:

- Changes in eating or sleeping habits
- Acting out behavior or withdrawing
- Accident proneness
- Self destructive behavior (cutting or burning themselves)
- No sense of future
- No sense of humor
- Talking about death or suicide
- Giving away possessions
- Making final plans
- Recent loss
- Previous attempts
- Artist work centering on suicide or death
- Saying good-byes to loved ones
- Substance abuse
- Running away from home
- Depression

A beginning point in knowing whether or not a teen is suicidal to know the teenager well. Even knowing the adolescent well may not provide enough information to know for sure if a teen is suicidal or not. If there is any doubt in your mind about whether or not the teen is suicidal ask them. It is better to be overly cautious than not cautious enough. Asking a person if they are thinking about suicide will not put the idea in their mind. If you have seen the clues they are probably already thinking about it. If not they will tell you so.

THE CARE OF THE SUICIDE SURVIVOR: CHILDREN AND ADOLESCENTS*

Introduction

When a suicide occurs in a family, the needs of the children left behind may be overlooked. A death in the family is a very frightening and confusing event for a child. He or she must be helped through this very confusing time. The most basic thing adults can do for the child is to be open and honest, allowing yourself to feel, and encouraging the child to feel.

> "In November 1979, my husband completed suicide, leaving three daughters, two sons, and me searching for answers, agonizing over guilt feelings and trying desperately to keep the spirit of the family together. . .
>
> The children were angry and pitifully hurt. Just as a person's characteristics are unique unto himself, so were their means of expressing or suppressing the bitter pangs of guilt. School work and homework were nearly impossible. Grades plummeted. Serious weight loss and various physical ailments appeared. The mending of walls and doors would have to wait until hearts mended. As hard as we tried, we could find no peace. There was chaos in our house. The family unit had disintegrated and we could no longer live together. Each had to go his separate way."
>
> Rita
> S.O.S. Dayton, Ohio

There are approximately 35,000 suicides in the United States each year,and as many as 6,000 to 8,000 are under the age of 25. Children make up the largest group of persons left behind after a suicide death (survivor of suicide). Because of the taboos involved in suicide, they are often left out of the grieving process even more than children experiencing other types of death. Parents who try to protect their children from the truth about suicide will confuse and anger them.

Children have the same emotional needs after a death as adults. Their friends usually don't come to see them or send flowers. They get some words of comfort and silent hugs from adults, but usually they are overlooked by those who come to comfort surviving adults.

Children often experience their own horrors after a death. They often feel responsible for the events and feelings that led to the suicide. The children are convinced that their badness or a disappointment in them caused unhappiness and ultimately the suicide.

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* SPC publishes a series of The Care of the Suicide Survivor pamphlets.

CHILDREN AND GRIEF

There is nothing in the life of children to prepare them for death. Parent(s) and other adults become their role models for grieving. Children pass through the same stages of grief as adults, but because of their limited life experiences, children will grieve differently than adults. It is important to remember that every person grieves differently and at his or her own pace.

A child may appear relatively unconcerned about a death in the family. This may be the child's way of coping with the death. Children may become engrossed in an activity that seems to be unconnected with the death; this may be another way of coping with the death. Play is a child's primary activity, and in it he or she finds a familiar escape. One mother found her child talking to the family dog about his dead brother. When she asked him why he was talking to the dog about his brother, he told her that when he talked to anyone else they started to cry and this upset him. If an unconcerned and unknowing attitude continues in a child, he or she should be encouraged to talk about feelings and emotions.

Children want information about and participation in the grief process. Very young children may need only very basic information. Death produces hundreds of questions for children. Since children function in the present, they may want to know where their brother, sister or parent is and if and when they can visit. Allow them to ask these questions. It is a part of their grieving process.

Children depend on the other children in the family for companionship and support, as well as, for role models and persons against whom to measure their own stages of growth.

> "Jim was my older brother. He was really the only male in my life and I loved him very much. He was popular and well-liked. Being his sister was a big part of my identity. I was lost without him. He was my friend, protector, brother -- and it was all gone."
>
> Surviving Sister
> SOS Dayton, Ohio

Once children have been given an explanation of what has happened, they must still deal with their grief. There are three basic stages in a child's grief:

(1) Protest (denial) -- the child cannot quite believe that the person is dead and attempts, sometimes angrily, to demand their return;
(2) Pain, despair, and disorganization (depression) -- the child begins to accept that the person is gone forever; and
(3) Hope (acceptance) -- the child begins reorganizing his life without the person.

These stages are natural and necessary for a child's grief. The denial may be very functional for awhile. However, if it goes on for too long, the repressed emotion will eventually come out in some other way such as psychosomatic illness or anger.

A common emotion in grief is anger. Anger will come in several forms among children. It may be directed at the deceased for deserting the family. Commonly anger will be expressed at a surviving parent, or in the case of a sibling who commits suicide, at one or both parents. It is best for both other people and the child to encourage expression of and discussion about those feelings.

Suicide also causes strong feelings of helplessness that in a young child may be seen in bedwetting, nightmares, and a fear of going to sleep. Older children often act out grief in one of three ways: (1) they develop physical symptoms (restlessness, constant nervous chatter, increased energy); (2) they attempt to take the place of the dead family member by taking on all the responsibilities that person used to have; and (3) they demonstrate their anger by rebelling and acting out.

These helpless feelings are not likely to disappear quickly. The loss of a sibling will cause a permanent change in the relationship of the parent(s) and the surviving child(ren). The children may be overprotected or needs may be overlooked. If they are younger they may fear getting close to the age of the sibling and start acting babyish. Because of a child's concept of death, they may believe that they caused the suicide by wishing that the parent or sibling was dead, or that if they really tried they could bring the person back to life. They may also feel guilt because they will think that they should have been inside with the parent instead of out playing or because they knew about a previous attempt and had promised not to tell anyone.

ADOLESCENTS AND GRIEF

Shattered is the heart that loved so much
now it's left with no one to touch.

Dark is the soul that once held yours
now it's cold behind locked doors.

Blind are the eyes that saw only through yours
they too see the condemning doors.

Cruel is the night that was once kind
but now you've gone and left it behind. . .

in memory of Richard
By Tiffany, age 17
SOS Dayton, Ohio

In addition to many of the reactions mentioned above, when a death is a suicide, teens often feel frightened, confused and responsible. Older siblings feel torn between loyalty to their brother or sister and a desire to make up for their parents' hardship. They feel angry at the deceased, their sibling(s), and their parent(s), yet helpless and despairing because they were unable to ease the pain each had caused the other.

If the deceased is a sibling, guilt and confused loyalties also plague siblings and friends of a young person who has committed suicide. Parents often silently accuse the person's friends for not having reported their child's drinking, drug-taking, or talk of suicide. The friends themselves wonder time and again what they could have done to prevent the death and in what ways they may have unwittingly encouraged the tragedy.

In addition to many of the reactions given above, when a parent commits suicide a teen will often feel that he or she is responsible indirectly for killing the parent and is expected to step into that parent's role in the family. Often teens do indeed take over the mother/wife or father/husband role when a parent dies.

Teens should not be expected to take over the role of a dead parent. If they do try to take over this role on their own, they should be encouraged to enjoy life and be made aware that they are not expected to take over this role, but they need to know that their help is appreciated.

An exploration of the need to "blame" is healthy. We all need to find reasons for why something happened. Teens may blame adults, siblings, friends and themselves. They will be full of "If I had (or hadn't) only. . ."

> My brother, Dickie, completed suicide in May, 1980, and it still seems like yesterday to me. It gets so hard sometimes, but I must go on and try to cope. I never knew that I would be so different.
>
> When we first found out that Dickie was dead, I really didn't know what to think. I didn't realize he was gone forever until about six months later. It hit me real hard. Now years later, I still feel that same hurt and sometimes just as much as when we first found out Dickie had died.
>
> Robin
> SOS Dayton, Ohio

STAGES OF ADOLESCENT GRIEF

Any loss disrupts our lives. When we lose a significant person or thing, before we can resume a happy, normal life we have to somehow deal with that loss. The process of reconciling ourselves to the loss, working through potentially harmful emotions, saying goodbye, and adapting to a newly empty world is called grief. Adolescents are more mature than children, and their grieving may not fit well the "Protest - Pain - Hope" model of grief in children.

People grieve differently from one another, and frequently develop patterns of grieving that characterize their response to any type of loss. People's varying patterns of grief should be accepted; there is no "right" way to grieve. When the work of grief is obstructed, however, resolution may require outside help.

Grief is often blocked with suicide deaths. Guilt and remorse make grief work intensely painful. Opportunities for sharing pain and regrets are often limited by the stigma of suicide or by the inability of friends and family to deal with their own emotions. It is wise to monitor a suicide survivor's progress, and ensure that some healing is taking place.

Stone (1972) has outlined seven stages of grief that represent a loose schema for adult grief work. They are useful for understanding what a grieving individual may be experiencing, but should not be considered a prescription for grief. An individual may not progress through all of these stages in order. One may vacillate between stages, omit stages, or be in two stages at once. One may work through the stages quickly, only to find additional issues from an earlier stage. Moreover, the process may continue for a long time. Grief is often most intense six months after the death, when most people assume grieving is over and no longer inquire about the loss. Further, new adjustments must be made to special occasions without the deceased throughout the first year of grief. All of this is normal and acceptable! -- as long as growth and healing are taking place. Stone's (1972) stages of grief are presented below.

1. Shock -- Shock is a physical and emotional response to trauma. One may feel numb and dazed. Disbelief and denial may be expressed in statements such as "I can't believe he's gone." Affect may be flat and behavior may be mechanical.

2. Catharsis -- Catharsis is the venting of emotions; crying is the most usual expression. At this time, one may regain thought faculties and begin to appreciate that the death was self-intentioned. Questioning one's own responsibility and feelings of guilt may result.

3. Depression -- Depression is characterized by a mood of despondency and despair. Anger and guilt may be present, or paradoxically one may experience a painful absence of feelings. At this point a survivor may contemplate suicide. Survivors may also show physicial ailments to a greater degree than people bereaved in other circumstances.

4. Guilt -- Guilt is sadness and shame that results from self-blame. Suicide survivors are more likely to assume responsibility for a death than survivors of other deaths. To escape painful feelings of guilt, they may attribute the death to the loved one's "mental illness" or "alcoholism." They may also blame others, such as parents, teachers, clergy, etc.

5. Preoccupation with the loss -- Survivors may become obsessed with the person who completed suicide and think about them constantly. Restlessness, a search for activity, and a sense of meaninglessness may be present. The survivor may also begin to behave like the deceased because they are unwilling to give them up.

6. Anger -- Anger is a normal reaction to being hurt, and the survivor may direct anger at anyone or anything involved with the deceased. Parents, teachers, friends, institutions, and God may all form a focus for their anger.

7. Adapting to reality -- This represents the end of grieving, and the recognition that a good life will continue without the deceased person.

WORKING WITH ADOLESCENTS AND CHILDREN

One author (Rosenfeld, 1984) offers these thoughts when talking with children about a death:

> "Let them see your tears and know it is desirable to express grief. Talk about the deceased the way he or she really was. Reassure the child that you will not choose to leave. Above all listen carefully. They have questions just as you do. But you need to allow them to express their questions; answer those you can and share with them the pain of the fact that many questions will never be answered.
>
> Share their concerns. Take into account the age of the child, and make your explanation simple. Admit that the person chose to die because he or she was in too much emotional pain or too much conflict.
>
> Perhaps when the truths are told and hurt is shared, respect and love of survivors for each other can surface. Now it becomes important to discuss better ways than suicide to handle problems. Out of the pain the child can indeed grow."

It is important, especially when the child might have some knowledge that the death is a suicide, to be honest with the child. Parents and relatives may think they are protecting the child by not telling him or her the truth; but the child will more often than not see through the lie and become resentful. Hewitt (1980) offers six basic guidelines for explaining suicide to a child:

1. Be honest
2. Listen carefully
3. Be consistent
4. Respect what the child says he or she knows or hears
5. Talk about the deceased family member
6. Involve the children in what is happening with the funeral, etc.

Children often have difficulty expressing their emotions and may need help in doing this. LaTour (1983) suggests some ways to help children express their emotions:

1. Learn to be together and talk about feelings. Games may help those who cannot express themselves verbally.
2. Drawing pictures and doing cut-and-paste projects is a helpful outlet for younger children.
3. Writing letters, a journal, poetry or a story may be helpful for older children.
4. Physical activity is excellent for releasing pent-up emotions.
5. Pets give children a sense of being needed.
6. Laughter is the best medicine.

A child may react with anger, behavioral problems, psychosomatic illness and other indirect manifestations. The most important concern to keep in mind is that children look to parents and older siblings as role models. A child who has been exposed to suicide has a greater chance of seeing that as a legitimate way of coping with problems. Talking about other ways of dealing with problems and reassuring the child that you are there and interested in him or her can be crucial in helping him or her deal with the suicide.

In addition to the tools listed above, teens need to be encouraged even more to air their feelings and not keep them locked within. They need to be given the freedom to live. Parents may become overprotective and restrict the life of a surviving sibling. Teens need to be left to grieve in their own way yet to know that their parents are there if they need them. Remember that it is not important that they talk out their grief with their parent(s). It is important that they talk it out with someone. Also be aware that the suicidal signs (discussed next) may be a sign that the teen is not coping with the grief.

HIGH RISK

A person is more susceptible to contemplating suicide after any major trauma. The death of a loved one increases the chances, while the death of a loved one by suicide provides a role model for that technique of coping with problems. The families, especially the children of a person who has completed suicide, are particularly vulnerable to contemplating suicide.

One of the most traumatic events for a child is the death of a parent. The death of a parent by suicide is even more traumatic. The child is likely to feel an overwhelming amount of guilt, anger and rejection which leads, in turn, to the child himself or herself becoming a high risk for suicide.

Children before the age of seven, do not realize that death is permanent and so may not understand why Mommy or Daddy is not coming back. In addition, they may not understand that if they kill themselves they cannot come back. Between the ages of seven and nine, children will realize that death is permanent, but they may not understand that they themselves will die. Also, children tend to believe in magic and may believe that their wishing somebody dead has made them die. This can cause a tremendous amount of guilt. It is essential, in such cases, for the child to realize that he or she is not at fault.

Before a child attempts suicide there may be many warning signs given. The depressed or "high risk" child has a greater chance of contemplating suicide, but may never actually do so. However, there are signs that a child may give when he or she is not only depressed, but is also becoming suicidal. Any dramatic change in behavior in any direction should be considered serious. For example, the usually boisterous child who suddenly becomes withdrawn and quiet or the normally quiet child who begins acting out should both raise concerns.

Other indicators included:

Radical change in school performance
Radical increase in the number of illnesses, injuries
Radical change in eating habits
Changes in bodily functions
Dulling of thoughts and feelings

Children may give clues such as "I feel like killing somebody" or request information "How may pills does it take to die?" Older children may sometimes be open about depressive feelings, problems with peers or family, and their suicidal thoughts. These children may display overt self-destructive behavior such as:

Cutting themselves
Driving staples into their hands
Intentionally running in front of cars
Jumping from heights

INTERVENTION

If you are a parent and suspect that your child is suicidal do not try to do intervention yourself. When you are that close to the situation, it is hard to see the situation clearly. Get professional help for your child and yourself, perhaps for the entire family. As a parent(s) you are essential in helping your child through this period. Trying to do it alone is too stressful and possibly counter-productive.

If you are not a parent and suspect that a child you know may be suicidal, the most important thing you can do is to show him or her that you care and are interested. (1) Ask the child how he or she is feeling or what has been happening at school or at home. (2) Get the parents of the child involved, if possible. For pre-adolescent children, still quite dependent on their parents, the more the parents are involved the better the child will do. The younger the child, the more this is true. (3) Encourage the child and/or parent(s) to get professional help for the child.

It is important, however, for the child to know that you are still there and that you still care. You may have been the one person that the child trusted enough to give a last chance for some understanding, or you may have been the first to notice that he or she was feeling badly. Let him or her know that you still care; it can be a lifesaver.

PROGRAM COMPONENTS

INTRODUCTION

The following program components are the result of working with area school system since 1980. They are presented here, along with example material for distribution, to assist you in the development of your program(s).

This table is the statistical representation of our activities in the schools for the past two years.

School Prevention Program

School Prevention Program

School Year	Elementary	Jr. High	Sr. High	In-Service	Total
1985-1986					
Presentations	131	139	125	60	455
Participants	2,987	3,299	3,305	1,488	11,079
1986-1987					
Presentations	78	190	117	49	434
Participants	1,942	3,604	2,769	1,206	9,521

(Note: Does not reflect other youth programs such as church youth groups, scouts, etc.)

STAFF INSERVICE

Before doing any work with students in the classroom, it is essential that all staff members receive at least a minimal amount of inservice training. Once the topic of suicide has been introduced in the classroom, virtually anyone on staff may be fair game for a question or the recipient of a cry for help in a crisis situation. Although in most schools "staff" usually refers to teachers and counselors, this training should be extended to include the principal, school nurse, librarian, playground and classroom aides, and, if feasible, even the custodian(s), bus drivers, and secretaries. Any staff member who has daily contact with children may be in a position to observe the behavioral changes or verbal exchanges of children in crisis. The greater the number of people who are informed on the issues of depression and suicide prevention, the greater the likelihood that a majority of children in crisis will be recognized and dealt with appropriately.

Topics

1. Basic factual information: high risk groups and factors, facts and myths about suicide, the child's concept of death, and links between suicide and drugs, alcohol, depression, stress, violence, etc.
2. Recognition of depression and suicidal behavior in children and adolescents
3. Short-term crisis intervention and the referral process
4. The effect of suicide attempts and deaths on staff and students
5. Using the Lifesaver materials in the classroom

It is obvious from the above listing of topics that to train staff adequately more than a minimum 2-3 hours will be necessary. Although the above information might possibly be covered in a general way during a 2-hour lecture, the experiences of the Suicide Prevention Center indicate that a straight lecture format is an ineffective training method. (See "Project Lifesaver: Child and Adolescent Suicide Prevention in Two School Systems", SPC, 1986) Much more effective is the workshop approach in which short lectures on each topic are reinforced by small group discussions, case studies, role plays, and other experiential activities.

The following inservice outline and accompanying materials provide a model for an 8-hour inservice. If time and scheduling do not permit a full-day program, the units are self-contained so that they can be covered on separate days. When this is done, the sessions should be scheduled as closely together as possible to enhance the continuity of instruction.

OUTLINE FOR AN 8-HOUR STAFF INSERVICE

AM Sessions (4 hours)

UNIT 1: The Suicidal Process, Facts and Myths

Activities:
- Values Exercises
- Lecture/Small and large group discussions
- Film (optional)

UNIT 2: Recognition, Intervention, and Referral

Activities:
- Case studies (small group)
- Role play
- Guest speaker -- local agency or other primary referral source presentation on resource options

PM Sessions (3 hours)

UNIT 3: After Suicide, Dealing with Attempts and Deaths

Activities:
- Presentation of present school policy by administrator(s)
- Discussion of policy needs/revisions/development
- Lecture/discussion: Survivor issues affecting staff and students

UNIT 4: The Lifesaver Program

Activities:
- Presentation of program formats, materials, options for individualizing instruction
- Time to preview films, look over materials, etc.

UNIT 5: Decision-Making

Activities:
- Small group meetings to decide on the specifics of program implementation in the classroom

This last decision-making step is very important to the success of the Lifesaver Program. Although it may seem quite efficient to have the questions of implementation decided at the administrative level, this is not necessarily the best course of action. The sensitive nature of the issues involved and the necessity for ongoing support for some students makes it imperative that those individuals who teach the materials, handle follow-up with individual students, or handle small groups concerns be both comfortable with the topics of death and suicide and comfortable dealing with the students at a personal level. Ideally these will be those individuals to whom the students already gravitate. It would be ineffective to require specific individuals to handle a suicide prevention program simply because that seems to fall within the realm of their role, i.e. counselor, school nurse. Although many counselors and school nurses are excellent in the role of crisis interventionist, many others are not. This needs to be carefully considered before program implementation begins.

UNIT OUTLINES

UNIT I: The Suicidal Process -- Facts and Myths

Activity: Form small groups of 3-5 individuals. Choose and distribute the same VALUES EXERCISE sheets to each group. Allow time to process the activity, then share group responses with the entire group. Two cases fit well into a 20 minute time period; 10 to work in groups, 10 to share and discuss.

Lecture: Note: Adapt the specifics of the following to either the elementary or the secondary level. With the exception of local statistics, the necessary information is found in other chapters of this manual.

I. Introduction
  A. National statistics
  B. Local statistics
  C. Problems with statistics and child (adolescent) suicide
  D. High risks groups/factors among children (adolescents)

II. Dynamics of youth suicide
  A. Psychological and developmental factors
    1. Maturity and life experience base
    2. Concept of death
    3. Ambivalence
    4. Impulsivity
    5. Understanding of lethality
  B. Stress
    1. Causes of stress
    2. Responses to stress
  C. Depression
    1. "Classic" indicators
    2. "Masked" indicators
  D. Loss and the grief process
    1. Stages of grief
    2. Types of losses

Activity: Form small groups again. For this activity, groups should consist of those individuals who share a common group of students (i.e. primary level staff, upper elementary staff, supplementary services staff, etc.). Spend about 15-20 minutes discussing the following questions, then re-group to share responses with the entire group.

1. What stress factors seem most prevalent in your students' lives?

2. What types of losses seem most prevalent? What kinds of responses have you seen to thse losses when they occur?

3. What symptoms of stress/depression/grief have you observed in your students' behavior? What, if any, steps are being taken to assist the child(ren)? Are there any barriers which seem to make intervention difficult? Do any of these children appear to need further observation, evaluation, or immediate attention?

UNIT II: Recognition, Intervention, Referral (2 hours 10 minutes)

Lecture: Adapt the specifics of the following outlines to the elementary or the secondary level.

- I. Recognition of suicidal behavior/symptoms of childhood (adolescent) depression
  - A. Difficulty posed by "masked" symptoms
  - B. Verbal, behavioral, and situational indicators
  - C. Classroom indicators -- art, music, creative writing, etc.

- II. Assessment of suicide potential
  - A. When a "normal" behavioral change becomes "critical"
  - B. Using the Assessment Instrument

Activity: Divide into small groups. Give each group a copy of the same MODEL CASE to evaluate using the ASSESSMENT INSTRUMENT. Share results with the entire group.

Lecture:

- I. Crisis intervention strategies for the school setting
  - A. Establishing communication
  - B. Six-step model for crisis intervention
- II. The referral process
  - A. Contacting parents -- school policy and procedure
  - B. Community resources

Activity: Divide into small groups. Give each group a different ROLE PLAY SITUATION and allow time for preparation. Regroup to perform and discuss the role plays.

If time permits, or the community has someone available to speak on the topic, this would be an excellent time to have someone in to discuss community resources and how they actually function. Many times, people are unaware that specific services are available or hesitate to call a resource because they are not aware of how it functions or have only incomplete or inaccurate information about that service.

UNIT III: After Suicide -- Dealing with Attempts and Deaths (1 hour 30 minutes)

Film: "Teenage Suicide" (MTI Teleprograms) deals with suicide attempters and their reasons for attempting; also included an interview with the parents of a teen who completed suicide.

Lecture:

I. Suicide attempts
  A. Statistics
    1. Estimated statistics -- national
    2. Project Lifesaver research and other studies
    3. Local information
  B. Understanding the suicide attempt
    1. Manipulation and gesturing
    2. Serious attempts
    3. Reaction of attempters to being rescued
    4. Responses to the attempter's behavior
  C. Responding to the suicide attempt of a student
    1. Confidentiality and staff notification
    2. Communicating with the attempter and the family
    3. Support networks for attempters
    4. Contagion effect and other peer concerns

II. Suicide deaths
  A. Staff
    1. Notification
    2. Planning and information meetings
    3. Support for staff as survivors of suicide
  B. Students
    1. Assemblies
    2. Consultations for individual students
    3. Memorial services
    4. Support for students as survivors of suicide
  C. Parents
    1. Dealing with concerns for other students, i.e. contagion effect
    2. In-servicing facts, suicidal behaviors, support for their child as a survivor of suicide

Activity: The administrators should present the presently existing policy to the entire group along with a list of issues requiring further exploration. Smaller groups could then be formed to discuss these issues, then report back to the entire group on the responses. If necessary, a smaller committee could then be formed to develop a specific policy for approval by the local board of education.

UNIT IV: The Lifesaver Program

Activity: Distribute and explain the program materials which are appropriate to the grade levels of the participants. Allow time to go through the materials, preview films (if available), and meet by grade levels or subject areas to determine how the program will be most effectively implemented.

Some questions for discussion:

1. At which grade level(s) and in what subject area(s) should the materials be introduced? By whom?
2. Who will be the primary resource person(s) for the intervention, assessment, and referral process? Will they receive additional training through local workshops or university courses?
3. Who will initiate parent contact after an attempt occurs (in those situations where the parent has not already done so)?
4. Who will officially represent the school or district to the media in the event of a suicide death which becomes public knowledge?

The results of these small group discussions can be used by a committee of staff and administration to finalize the implementation plans for Project Lifesaver.

Assessment Cases

Elementary Staff, Case #1

DIRECTIONS: Read the case, then complete the questions which follow.

Melissa is a new student in your fifth grade class. The records from her previous school contain very little information about her background, although she has attended four schools since Kindergarten, each in a different part of the state. Records show that her parents are divorced and that she is in the custody of her mother who works in a local department store. Melissa has no siblings.

When Melissa first came to the school, you noticed a number of marks on the inside of her arms. Some appeared to be burns, others scratches. When you asked Melissa about them, she became evasive and changed the subject. Since you suspected abuse, you decided to tell the school counselor of your concerns.

In class Melissa is very withdrawn and seems lethargic much of the time, like a child who doesn't get enough sleep. Although her records show an above average I.Q., Melissa does little in class and frequently has not completed her homework. The only subject which seems to interest Melissa is physical education. The physical education teacher reports that she is extremely competitive in games, sometimes to the point of accidentally hurting other, less agressive, children. When she has to be corrected for this behavior, Melissa becomes very apologetic and often says that she is just a "bad girl."

Yesterday another student came to you after recess and said that Melissa had matches on the playground and that she was lighting them and holding them to her hands. Today in art the assignment was to draw a family portrait. Melissa's showed several crudely-drawn dark-colored figures engulfed in flames. One was labeled "Missy".

1. Evaluate Melissa using the Assessment Instrument for Children.

2. Is she abused? Suicidal? Both?

3. What steps will need to be taken in order to help Melissa?

Elementary Staff, Case #2

DIRECTIONS: Read the case, then complete the items which follow.

Tommy is a third grader in your building. Last year when he was in your class he was a bright, cheerful child who always seemed to be surrounded by friends. This year you've noticed a change in Tommy. He is frequently alone on the playground and makes no effort to join his peers when they ask him to play. His teacher says his grades are poor and his behavior is inconsistent. In the morning he may be quiet and unresponsive, but by afternoon he may become belligerent and argumentative. On several occasions he has been sent to the guidance office for writing on other children's books and carving on wooden classroom furniture.

Recently his parents came in for a conference with you and the school counselor. The parents are also baffled by Tommy's behavior, since they felt that the family situation had stabilized over the past few months. Mr. Miller (Tommy's father) explained that the couple had separated for a few months last summer, but that they are now seeing a family therapist and are not presently considering a divorce. Although initially reluctant to talk about it, Mrs. Miller said that one reason they had decided to seek counseling was a conversation Tommy was having with his dog, which Mrs. Miller had accidentally overheard. She had gone into the garage and found Tommy tucked in a corner with the dog and saying that if "daddy doesn't come back, I'm going to run away until I die." Their family therapist has assured them that children just talk like that to get attention and that Tommy was unlikely to hurt himself.

Today at lunch, however, Tommy's teacher said he was showing a pocket knife to several other boys saying, "This is what some people use to kill themselves." The teacher took the knife away and isn't sure what to do about Tommy.

1. Evaluate Tommy using the Assessment Instrument for Children.
2. What might be the motivation(s) behind Tommy's behavior? Is he lethal?
3. How can you or the school counselor deal with the discrepancy between this evaluation and the family therapist's opinion that Tommy is in no danger.

Secondary Staff, Case #1

DIRECTIONS: Read the case, then complete the questions which follow.

Kelly is a fifteen-year old sophomore in your algebra class. She is a straight-A student and is active in several school organizations. Although she is popular with her peers, she does not seem to have any close friends. Kelly is the youngest child in her family. Her father is a successful attorney and her mother is a physician. Her older brother is in the pre-law program at the father's alma mater. Her older sister is a resident at an East Coast hospital.

Last spring Kelly was hospitalized after a serious suicide attempt. Because the family refused to discuss the attempt with the school counselor, you have no information about the situation which existed at the time of the attempt. You do know that Kelly received private counseling for a period of time after the attempt.

Over the past three months Kelly has been involved in three car accidents of increasing severity. In each situation Kelly was alone in the car. This last time she suffered a deep gash on her forehead which required medical attention. During this same time period you have seen Kelly change from a serious, mature student into a more "typical" sophomore, adopting the clothing styles and mannerisms of the girls she had previously scorned for their frivolity. You have heard rumors that Kelly has been to several parties involving drinking and drug use. When you attempted to talk to Kelly, she told you that unless her grades were affected, her personal life was not your concern.

1. Evaluate Kelly using the Assessment Instrument for Adolescents.

2. Do you have ample reason to believe Kelly is lethal and may be at-risk for another suicide attempt? Why or why not?

3. What steps can be taken to help Kelly and her family?

Secondary Staff, Case #2

DIRECTIONS: Read the case, then complete the questions which follow.

Michael is the kind of student best described as a "puzzle". He is extremely articulate and can express himself both verbally and artistically. In many ways he seems wise beyond his years, yet his grade point average seldom rises above a C-. Michael has few friends that you are aware of and lately he has been finding reasons to stay after school with you. Most of the time he just talks about his hobbies and interests, then leaves. Yesterday, Michael brought you a folder of drawings and poetry. He asked you to look at them and let him know what you think.

All of the pictures are bleak landscapes done mostly in black and purple. Several include a dark hooded figure. On closer inspection, you notice that the head and hands are not connected to the body. The poems all deal with Michael's anger and despair at a world which he perceives as hostile and unloving. Several of the poems contain subtle references to music with themes of death and suicide.

Today Michael's name appeared on the absence list. The school secretary said that no one had called him in sick and there is no answer at his house.

1. Evaluate Michael using the Assessment Instrument for Adolescents.
2. Is there reason to be concerned about Michael? What would be the procedure your school would follow to locate Michael?
3. If Michael shows up in your room after school, what could you say to him?

ASSESSMENT AND IDENTIFICATION

Educators are in a unique position to track changes in a young person's behavior. The following tool is to assist you in the identification and assessment of depressed and suicidal youth. The items on this list are clues, or indications that a person is moving toward suicidal behavior. They fall into three broad categories: a) verbal, b) non-verbal, and c) touch. In addition, twelve indicators are listed under lethality assessment. Lethality is a measure of how much time there is before the act takes place and how dangerous is the planned method.

Suicidal persons move through three stages prior to a suicide attempt or completion. These are:

1) IDEATION -- This stage that may last for weeks or years. Ideation is when suicide is considered as an option (constant and continually) but the person still hopes to find another way out of their pain.

2) THREAT -- This stage may last for weeks or months. Threatening is when the person begins to feel that suicide is the only option left, but they still do not want to die. It is during this stage that the person begins to develop plans, select methods and figure out timing.

3) ATTEMPT -- This is the final stage and it moves very quickly. The attempt stage begins with a resolution for death. The young person knows that suicide is not only the "only option" but also the "best" for everyone involved. This stage is typically 48 hours or less, and the person takes care of business, says goodbye, etc.

The suicidal process is impacted by a number of factors including the person's age, prior attempts or gestures, experience with others' attempts, gestures and completions. For a complete understanding of this process read The Suicidal Process (Suicide Prevention Center, 1986).

At times, adults reports that a young person's suicide attempt or completion occurred without warning. Our experience has taught us that in fact there is always warning -- only most often the people who receive these warnings are the young person's peers. The suicidal adolescent tells friends of their intention, then often swear them to secrecy. You may need to approach the young person's peer group as part of your assessment process.

Your task is to help identify the young person at risk, and then assess their lethality. You are not being asked to intervene or counsel.

"I feel like I have been part of the unseen, unheard group. The statistics, the schools, the clergy, and the doctors have in some way or the other missed or misplaced or mislabeled most of us. The people I appreciate being able to identify are those who slip by too many others. I think the difference between the person who eventually killed herself and the rest, is that even if much of what we got in help was not good, it was enough to survive on."

-eighteen year old-

ASSESSMENT INSTRUMENT
(Children)

This is a CONFIDENTIAL document and may be used only for the purpose of assessing depression and suicidal potential. This form must be kept in a secure place, and discussion of the form outside the professional scope of the educator is inappropriate. You will be contacted as to the outcome of this assessment.

STUDENT ______________________________ GRADE __________________

DATE ____________________

Please circle the frequency of the behaviors that this student is exhibiting.

FREQUENCY KEY: (1) - once (2) - twice (3) - three or more

BEHAVIOR	**FREQUENCY SEEN**		
Sleeping in class	1	2	3
Class clown	1	2	3
Destruction of property	1	2	3
Lethargic behavior	1	2	3
Obscene language/behavior	1	2	3
Reluctance to communicate	1	2	3
Defensive attitude	1	2	3
Withdrawn/seclusive	1	2	3
Crying	1	2	3
Impulsiveness	1	2	3
Depression	1	2	3
Mood swings	1	2	3

Sudden outbursts	1	2	3
Argumentative behavior	1	2	3
Inconsistent behavior	1	2	3
Series of serious accidents	1	2	3
Memory loss/disorientation	1	2	3
Paranoia (student feels persecuted, picked on)	1	2	3
Self abusive behavior (stapling hands, cutting self)	1	2	3

ACADEMIC

Grades failing markedly	1	2	3
Handwriting worsening	1	2	3
Little or no effort	1	2	3
Lack of preparation for class (no pencil, paper, books)	1	2	3
Work incomplete/missing	1	2	3
Academic failure	1	2	3
Extreme dissatisfaction with school	1	2	3
Behavioral problems	1	2	3
Not staying on task/always behind	1	2	3
Lack of motivation	1	2	3

APPEARANCE/HEALTH

Undiagnosed health problems	1	2	3
Neglect of personal appearance	1	2	3
Weight loss or gain	1	2	3
Hyperactivity	1	2	3
Changes in bodily functions	1	2	3

ATTENDANCE

Excessive absences	1	2	3
Asking to leave the room often (nurse, counselor, restroom, other)	1	2	3
Truancy (all day)	1	2	3
Wandering in halls	1	2	3
Tardiness to class	1	2	3
Cutting class	1	2	3
Leaving the room early	1	2	3

PEERS

Dropping of friends	1	2	3
Peer exclusion	1	2	3
Avoidance of peers	1	2	3

FAMILY

Suffered a recent loss (move, divorce, death)	1	2	3
Troubles in family (financial, emotional, health, separation, etc.)	1	2	3

LETHALITY ASSESSMENT

THESE SIGNS, SEEN EVEN ONCE, REPRESENT A VERY HIGH LETHALITY

Giving away personal possessions	YES NO
Discussing and/or making of suicide plans	YES NO
Statement about killing somebody	YES NO
Previous suicide attempts or gestures	YES NO
Scratching, marking the body, other self-destructive acts	YES NO
Death themes throughout spoken, written, and art works	YES NO
Expression of hopelessness, helplessness, and anger at self and the world	YES NO
Use of dark, heavy, slashing lines unconnected bodies in art work and doodling	YES NO
Recent loss through death	YES NO
Recent loss through suicide	YES NO
Sudden positive behavior change following a period of depression	YES NO
Recent loss of parent through divorce	YES NO

Educator's Signature ______________________ Date __________

ASSESSMENT INSTRUMENT
(Adolescent)

This is a CONFIDENTIAL document and may be used only for the purpose of assessing depression and suicidal potential. This form must be kept in a secure place, and discussion of the form outside the professional scope of the educator is inappropriate. You will be contacted as to the outcome of this assessment.

STUDENT ______________________________ GRADE __________________

DATE _____________________

Please circle the frequency of the behaviors that this student is exhibiting.

FREQUENCY KEY: (1) - once (2) - twice (3) - three or more

BEHAVIOR	FREQUENCY SEEN		
Sleeping in class	1	2	3
Class clown	1	2	3
Destruction of property	1	2	3
Breaking up with boy/girlfriend	1	2	3
Lethargic behavior	1	2	3
Obscene language/behavior	1	2	3
Reluctance to communicate	1	2	3
Defensive attitude	1	2	3
Withdrawn/seclusive	1	2	3
Crying	1	2	3
Impulsiveness	1	2	3
Depression	1	2	3
Mood swings	1	2	3

Sudden outbursts	1	2	3
Argumentative behavior	1	2	3
Inconsistent behavior	1	2	3
Delusions or hallucinations	1	2	3
Memory loss/disorientation	1	2	3
Paranoia (student feels persecuted, picked on)	1	2	3

ACADEMIC

Grades failing markedly	1	2	3
Handwriting worsening	1	2	3
No effort	1	2	3
Lack of preparation for class (no pencil, paper, books)	1	2	3
Work incomplete/missing	1	2	3
Academic failure	1	2	3
Extreme dissatisfaction with school	1	2	3
Irresponsible behavior	1	2	3
Not staying on task/always behind	1	2	3
Lack of motivation	1	2	3

APPEARANCE/HEALTH

Undiagnosed health problems	1	2	3
Neglect of personal appearance	1	2	3
Weight loss or gain	1	2	3
Hyperactivity	1	2	3
Suspected abuse of drugs/alcohol	1	2	3

ATTENDANCE

Excessive absences	1	2	3
Asking to leave the room often (nurse, counselor, restroom, other)	1	2	3
Truancy (all day)	1	2	3
Wandering in halls	1	2	3
Tardiness to class	1	2	3
Cutting class	1	2	3
Leaving the room early	1	2	3

PEERS

Dropping of friends	1	2	3
Peer exclusion	1	2	3
Avoidance of peers	1	2	3

FAMILY

Suffered a recent loss (move, divorce, death)	1	2	3
Troubles in family (financial, emotional, health, separation, etc.)	1	2	3

LETHALITY ASSESSMENT

THESE SIGNS, SEEN EVEN ONCE, REPRESENT A VERY HIGH LETHALITY

Giving away personal possessions	YES NO
Discussing and/or making of suicide plans	YES NO
Discussing and/or preparing a suicide method	YES NO
Previous suicide attempts or gestures	YES NO
Scratching, marking the body, other self-destructive acts	YES NO
Death themes throughout spoken, written, and art works	YES NO
Expression of hopelessness, helplessness, and anger at self and the world	YES NO
Use of dark, heavy, slashing lines unconnected bodies in art work and doodling	YES NO
Recent loss through death	YES NO
Recent loss through suicide	YES NO
Sudden positive behavior change following a period of depression	YES NO

Educator's Signature ______________________

Date ____________

Role Plays: Elementary

DIRECTIONS: Give each group a copy of a different scenario from the options below. Tell the groups that they will have 15-20 minutes to discuss the situation among themselves and prepare a brief role play to present to the entire group. Discuss of the role plays should focus on appropriate communication skills and possible alternative strategies should the one suggested by the group not work out.

Role Play #1: Jack, a child in your class, has appeared bored and listless during the second semester. His grades are dropping. The school office was notified that Jack's parents have divorced and his father has since moved out of state.

During a life experience class in which knives were being used by the students to prepare vegetables for salad, you noticed that Jack seemed more intent on pricking his arms with the knife than fixing the vegetables.

Play out the following: handling Jack at that moment in the classroom talking; with Jack at a private time.

Role Play #2: Beauregard, the second grade class pet gerbil, is found dead in his cage one morning. It had been Susie's week to care for the pet. She is very upset by his death and seems obsessed with wanting to know "where he went." In talking to Susie you discover that she recently lost her favorite cat in an accident.

Play out the following: the teacher's handling of the gerbil's death with the class; the teacher's conversation with Susie.

Role Play #3: Joey, a first grader, was recently transferred to your class after coming to live with his grandparents following the death of both his parents in an automobile accident. His records from the previous school indicate some hyperactivity, but nothing to prepare you for what you are currently observing. His behavior is totally disruptive and he has not made any friends during the two months he has been in your classroom. The only time he appears to settle down is during art period. His pictures are dominated by somber colors and frequently show violent cartoon-like characters.

Play out the following: a conversation with Joey about his artwork; a conversation in which the teacher conveys his or her concerns to the grandparents.

Role Play #4: Amy and Nikki, both third graders, appeared to be particularly close friends. They were together constantly during school hours. Amy's family was transferred to an Air Force base out of state. Nikki seemed upset for several weeks, but then seemed to "snap out of it." During a class discussion about family relationships, you discover that Nikki's favorite grandmother died during the summer, but that her parents had explained death as a "long trip." Nikki expressed an interest in taking a "long trip like Grandma and Amy did."

Play out the following: the teacher's conversation with Amy about her grandmother's death; the teacher's explanation to Amy of the difference between Amy's and the grandmother's "trips."

Role Play #5: Daniel, a boy in your fifth grade class, was recently diagnosed as a diabetic. He has to inject himself daily with insulin and must monitor his diet very carefully. At first, Daniel appeared to take this chronic illness in stride, but lately he has begun to withdraw from his peers. Although the school nurse and your own physician have assured you that there is no danger in reasonable physical activity, and the doctor's report in the school office places no specific restrictions on Daniel other than his diet, he has recently dropped off the soccer team and he is now talking about quitting the school band as well.

Play out the following: a conversation between the teacher and Daniel during which he says, "I may as well be dead -- they won't let me do anything anyway"; a conference with Daniel's parents which follows the above conversation.

Role Play #6: While straightening out your sixth grade classroom after school, you find the following paper sticking out of a student's desk:

Suicide Contract

> We promise to be friends forever. What happens to one happens to all, even death. We will never be separated. 4-ever friends.

Four of your students' names appear on the paper, which was dated with today's date. The girl who sits in the desk where the note was found is moving soon. Her name is on the note. You showed the note to the guidance counselor who told you that the girl has a history of suicidal behavior and threats dating back to fourth grade, but that no attempt has been made so far as the counselor knows. The counselor says that the family has problems because of the father's alcoholism.

Play out the following: a conversation between the teacher and the girl who had the note in her desk; a discussion involving all 4 girls, the counselor, and the teacher.

Role Plays, Secondary

DIRECTIONS: Give each group a copy of a different scenario from the options below. Tell the groups that they will have 15-20 minutes to discuss the situation among themselves and prepare a brief role play to present to the entire group. Discussion of the role plays should focus on appropriate communications skills and possible alternative strategies should the one suggested by the group not work out in actual practice.

Role Play #1: A young girl in your senior English class appears bored and listless. She is doing barely passing work for you and for several other teachers. You remember her from her junior year because she was a cheerleader and one of the school's most popular girls because of her vivacious personality. You have heard that her parents recently divorced and her father has moved out of state. In a recent poetry unit she wrote a number of short poems all dealing with loneliness and despair. You were planning to cover "Romeo and Juliet" next week, but are now hesitant because suicide is one of the play's themes.

Play out the following: a conversation with this girl during which the teacher attempts to find out whether she is suicidal.

Role Pla #2: A student of yours approached you for help. He said he doesn't know what's wrong exactly, but he feels really down. You know that he is on the varsity basketball team, is an honor student, is active in student government, and is dating an attractive young woman. In the course of the discussion it became apparent that there is a conflict with his parents over going to college. He is not sure he wants to go at all.

Today you found a note in your office mailbox which said:

"If I must stop giving
I might as well stop living,
The pressure is so great
I'm turning into hate."

The handwriting looks funny to you and you know he does not write poetry.

Play out the following: the first conversation during which he denies having suicidal feelings; the teacher's conversation with him after receiving the note.

Role Play #3:

During a routine parent conference a student's mother tells you that she is very concerned abut her son since her spouse's death several months before. She says he has become unusually helpful about household chores. Although she said she appreciates the help, she is concerned that he is using the chores to avoid being with his peers. When she confronted him with this, he told her that all his friends seem childish now and none of them seems to understand how he feels. She has read some things about teen suicide and is afraid her son may be moving in that direction.

Play out the following: the teacher's conversation with mother during which she says she is unable to talk to her son about suicide; the teacher's conversation with the boy during which he or she brings up suicide

Role Play #4:

Your son, Rick, informs you that he is concerned about his best friend, John, a student in your homeroom. He tells you that John, who was previously an honor student, no longer seems interested in his schoolwork and that his grades have been dropping. Last week John broke his ankle during a football game. He had recently recovered from a sprained shoulder which he incurred at the same sport. Today John came to watch football practice. While sitting on the sidelines with John, Rick noticed several deep scratches on John's wrist, which John had attempted to hide under a wide watchband.

Play out the following: a conversation in which you and Rick discuss the best ways to get help for John; a conversation between the teacher (Rick's mother) and John.

Role Play #5: A girl in your math class, Carrie, has seemed despondent following the breakup with her boyfriend after a ten-month relationship. However she now seems to be "snapping out of it" and seems to be her old self again. School will be out for the summer next week and Carrie is planning to leave for an out-of-state college in time for the summer term. She said she wants to get a head start on her college education, although you suspect she just wants to get away from her ex-boyfriend. Today you overhead two of her friends talking about Carrie. You heard the word "suicide" and observed one of the girls showing a gold necklace to the other girl. When they noticed you watching, the separated and hurried to class.

Play out the following: A conversation between the teacher and Carrie; a parent conference to initiate help for Carrie before school ends and she leaves for college.

Role Play #6: While straightening up your classroom at the end of the day, you find the following note on a bookshelf:

> Suicide Contract
>
> We the undersigned pledge our undying love and loyalty to each other. What happens to one happens to all, even death. We will never be separated.

Although four names appear under the message, you recognize only one, a girl in your second period algebra class. She is a transfer student who entered school just before Thanksgiving and you know that she will be moving right after school is out for the summer. You showed the note to the guidance counselor who told you that the girl's records show four moves in the last two years. She has been living with her mother who has recently lost custody of both the girl and her younger brother. You also learn that the mother is presently in a local hospital as a result of a suicide attempt last week.

Play out the following: a conversation between the teacher who found the note and the student; a discussion involving the signers of the note, the guidance counselor, and the teacher.

PARENT AWARENESS PROGRAM

Two types of parent meetings on the subject of youth suicide are included in this chapter: (1) General informational meetings, which are especially important when initiating a new suicide prevention curriculum, and (2) Information and support meetings after a suicide death occurs. In addition, individual conferences will be conducted after suicide attempts or when it is necessary to inform parents of their own child's suicidal behavior.

General Information/Education Meetings

It has been the experience of the Dayton Suicide Prevention Center that unless there has been a suicide death, few parents attend this type of meeting when it is billed as the entire evening's agenda. More success with attendance may be possible if the speaker on youth suicide is a part of a more varied agenda: a Home-School or Parent-Teacher Organization meeting or an open house evening during which curriculum changes are being presented. Although some people may feel that inviting an "expert" (i.e. clinical practitioner, university professor, author, etc.) lends an air of authority to the program, this is not really necessary. Members of the teaching and counseling staff are ideal presenters. They know the materials which will be used in the classroom and have themselves been inserviced. In addition, they possess a wealth of experiences with students in the school system, making them the best "experts." If the parents request more in-depth information as a result of this initial session, then either the staff inservice outlines and materials can be used, or one of the above-mentioned professionals could be brought in as a speaker. A local suicide prevention or crisis center may have speakers available for such presentations.

An Outline for a Parent Education Meeting
(approx. 1-1 1/2 hours)

I. Introduction
    A. Presenters
    B. Purpose of meeting
    C. Availability of materials for preview after the meeting

II. Factual information
    A. Statistics -- national and local (Be brief)
    B. Dynamics of adolescent suicide
        1. Risk factors
        2. Feelings of persons who are suicidal
        3. Behaviors of persons who are suicidal
        4. Optional: film such as "Teenage Suicide" (see bibliography)

III. Lifesaver Program
   A. Components
   B. Placement in curriculum
   C. Resources available to students and families (school and community)

IV. Questions

After a Suicide Death. Attendance at a parent information meeting rises dramatically when a suicide death occurs among the student body. The concerns of parents frequently revolve around a fear of the "contagion effect" (copycat suicidal behavior) and how this death is affecting their own child.

When a student completes suicide, the entire staff and student body are strongly affected and are, in fact, survivors of suicide. This is especially true of those individuals who were the friends and teachers of the deceased. Parents need information which will enable them to assist their own child during the grief process and to spot suicidal behavior should it occur with their own child or his or her friends.

Essentially the same factual information as that presented in the general meetings can be used, but with a special emphasis on grief and survivor issues. The program should be presented within a week or so of the funeral.

An Outline for a Program to Follow a Suicide Death

I. Introduction
    A. Sharing of feelings -- acknowledgement of the grief that is affecting everyone
    B. Information about the death and what is being done by the school, i.e. funeral flowers or memorial donation, memorial service for students.
    C. Support personnel -- teachers, counselors, community professionals, etc. who are available to help students through the coming weeks

II. Surviving
    A. The grief process
        1. Stages of grief
        2. The effect of suicide on the normal grief process
    B. Feelings shared by suicide survivors

III. Suicide and survivors
    A. Risk factors and the contagion effect
    B. Warning signs
    C. Resources and referrals

IV. Questions and sharing time

Parent Conferences. Once a student has been assessed and the teacher or counselor feels reason for concern, the parent(s) must be contacted. A policy for such contacts should be in effect before the need arises so that precious time is not wasted trying to decide who is responsible for initiating the contact and conducting the conference. Regardless of who handles this responsibility, all teachers and other staff members who have input should be included in the conference-planning. Where possible, written documentation of the student's behavior or the reasons for concern should be obtained. Parents may deny the possibility of suicide. Documentation makes such denial more difficult.

An Outline for a Conference When Suicidal Behavior or Intent is Suspected

I. Presentation of information
  A. The reason for the conference
  B. Behaviors or situations which have made this conference necessary

II. Listening time -- let the parents respond to the information which has been presented

III. Plan of action
  A. What will be done
  B. Who will do it
  C. How will it be done
  D. What will be school's responsibility? The parent's? the child's?
  E. Set a time for the next parent-school contact

The "listening time" is extremely important. Although the parents may have already suspected their child to be suicidal, they may also have had no knowledge of such intent. What you have just told them will have been difficult to hear, in either case. The parents need time to clarify and begin to process the information. They may initially respond with hostility, anger, or denial and may even appear to be attacking your competence as a professional. What they are really doing, however, is expressing fear -- a terrible fear that you may be right and that their child's life may be in jeopardy.

The staff person conducting the conference would do well to apply the same active listening skills that he or she would use when talking directly with the student because at this point the parent is also "in crisis."

How to Communicate With a Person In Crisis

When talking to a person in crisis:

1. Truly listen -- notice the concept of blame. Where is it directed?
2. Clarify -- help the person understand the situation as you are presenting it and be sure that you understand what they are saying;
3. Empathize -- let them know that you understand their feelings;
4. Observe -- non-verbal communication;
5. Verbalize your observations -- descriptively, not critically;
6. Present options -- but DO NOT give advice;
7. Do not create dependency -- by taking responsibility for the other person's decisions -- you clarify -- they solve;
8. Try to be open -- be careful of snap judgments. Different people react differently to stress.

Communicating with a person in crisis is a matter of listening and assessing, NOT advice giving. Listen for the CONTEXT (how something is being said) as well as the CONTENT (what is being said).

from "The Gatekeeper's Role", Suicide Prevention Center, Inc., 1984

Do not conclude the conference without securing a specific plan of action from the parent(s). Stress that you care a great deal about their child and that you will do everything possible to ensure that the plan is followed. If the parent(s) refuse to accept the possibility that their child needs help beyond the scope of the school, say so directly and inform them that you will document the conference, including your concerns and their response. Then do so. Be sure the conference report is dated, reviewed and signed by the school principal, and that copies are sent to the parents. Copies should also be filed in the student's confidential folder, the guidance office, and with the staff member who initiated the conference.

Conferences are also needed after an attempt or gesture has been made. The nature of this conference situation will be dictated by the circumstances surrounding the attempt, particularly where the attempt occurred and whether other people are aware of the attempt or know the attempter well. If the attempt occurred at school or at a school function, the number of people who know about it will be much higher than if the attempt had occurred elsewhere. In some situations the school may learn of the attempt directly from the parent, but in others the knowledge of the attempt may be "secondhand" information. For example, a teacher may overhear students talking, the attempter may confide in a staff member, or another student may tell a staff member. In a situation which occurred during the writing of this manual, the Suicide Prevention Center learned of an attempt through a call on the crisis line. The volunteer working the line suggested that the caller contact the school counselor who in turn initiated contact with the family.

Many families are understandably upset and are anxious to preserve their privacy. Despite the evidence, they may even publicly deny that what occurred was a suicide attempt in order to maintain this privacy. The danger inherent in this situation is that the child will not receive appropriate help and assistance from the school. This effectively cuts off a valuable support system for the child. The primary purpose of this conference should be to ensure appropriate professional assistance for the child and the family and to work out a plan to ease the student's return to school and develop a support network within the system.

An Outline for a Parent Conference After An Attempt Has Occurred

I. Establish contact
    A. Let the parents know that you share their concern and will help in any way possible.
    B. Find out how the child is doing physically and emotionally -- Would a visit from you be appropriate? Cards and supportive letters from staff and students?
    C. What are the family's preferences regarding disclosure of information about the attempt? Assure them that everything possible will be done to respect their privacy so long as their child's life is not in jeopardy.

II. Present options
    A. Services the school can provide
    B. Services community agencies can provide

III. Establish a plan
   A. Is the child presently receiving counseling?
   B. What can the school do to facilitate treatment and ease the student's return to school? (i.e. tutoring during the absence, an "open door" counseling policy, temporarily lowered expectations for academic performance, etc.)

IV. Closure
   A. Reassure the parents of the school's support
   B. Provide print information about school and community resources
   C. Let the parents know they can come in if the situation changes or they need to talk

ELEMENTARY LEVEL CLASSROOM PROGRAMS

The focus of the Lifesaver Program at the elementary (K-6) level is on feelings and coping skills related to loss, primarily through death. Since the majority of students, particularly those in grades K-4, are still in the process of developing a mature concept of death, most are not ready to deal specifically with the topic of suicide. Even many older students are still struggling with their perception of death and, while aware that suicide exists, are not emotionally or developmentally ready for any in-depth instruction in suicide prevention. For those classes of fifth or sixth graders whose lives have been touched by the suicide death of a peer or a peer's family member, the secondary outline on page __ can be adapted to this level. The film "Understanding Suicide" is appropriate to this age group.

A portion of this section is devoted to "Life and Death: An Elementary Puppet Show." The Dayton Suicide Prevention Center, Inc. has developed and used these scripts throughout the Dayton area over a five-year period. Although the Center utilizes the services of trained volunteers to perform these puppet shows, they can easily be done by two staff members working together. Puppet shows could also be performed by older students, provided the follow-up discussion is handled by the teacher or counselor.

An Alternative Elementary Program is also included in this section. The same objectives are accomplished using a combination of discussion and experiential activities. Unlike the Puppet Show, however, the Alternative Program requires more than a single period of class time. This format is particularly well-suited to grades 4-6.

The puppet show scripts are suitable for all the elementary grades, however the experiences of the Suicide Prevention Center, Inc. suggest that the material is especially effective in grades 3 and 4. Both the puppeteers and a number of participating teachers have found that younger children have shorter attention spans, making it difficult to maintain a focused discussion. At times it is also difficult to shift the focus (i.e. from the death of a pet to the death of a person) when the second skit is discussed. Younger children tend to keep returning to the first topic which had been discussed.

Older children (grades 5 and 6) occasionally do not respond well to some of the skits and care must be taken to select those which are less likely to be considered "babyish." Third and fourth grade students, and also many second grade groups, seem to be a perfect match for the skits and the puppets. The discussions are lively, focus is easy to maintain, and the overall response is extremely positive.

Elementary Level Coping Skills

The activities in this section are divided into three parts: self esteem building, feelings, and death and other losses. While each activity can stand on its own, it is recommended that at least one activity be done from each section and that they be done by choosing first one or more of the self esteem building activities, next one or more of the feelings activities and last, one or more of the death and losses activities.

Each individual teacher will need to decide how many activities will be used. Some classes may need more of one type of activity than another class. While most of these activities are for a 3rd or 4th grade level many of them can be adapted for older or younger children.

BUILDING SELF ESTEEM

I. WHY I AM IMPORTANT

INTRODUCTION

In order to effectively discuss death it is important to talk about life. In life each person needs to realize the importance and the uniqueness of their own life. We all need to know that we touch the lives of others in special ways. Death is much easier to talk about and accept when it is looked at in the context of life; without life first there would be no death.

The purpose of this section is to help the students look at their lives in the context of their environment. They will have opportunity to brag about little about things they have done, learn what things others feel are important about them, see how their lives touch the lives of others, and see how they help others by being themselves. The activities in this section are self-esteem builders, as well as opportunities to put life before them and begin to develop a healthy, positive view of their own lives.

1. AN INTERVIEW WITH ________________________

This activity gives students a chance to talk about what is important to them and to have someone listen to them. It also gives them an opportunity to practice good listening skills since they will be required to write a story about the other person. By having someone actively listen to what they feel is important about their life, the child's self-esteem will be bolstered.

OBJECTIVES

1. To help the students identify important things in their lives.
2. To help in building the student's self-esteem.
3. To practice listening and really hearing what others are saying.

MATERIALS NEEDED

1. A picture of each child
2. A copy of "The News" handout for each child
3. Pencils or pens
4. Glue

DIRECTIONS

Have the students pair off. They can find their own partners or you can assign partners. One person in each pair is the reporter; the other is the interviewee. The reporters should be given their assignment.

THE ASSIGNMENT -- The partner is a very important person who has just arrived in town. You are to find out about them. Some information you might want to include is: birthday, age, number of brothers and sisters, clubs or organizations they belong to, likes and dislikes, the things that they are proudest of, and anything else you can think of. After you interview your partner and get this information you are to write a story about them and glue the photograph of them on "The News" handout at the end of this section.

Next have the students reverse roles and do the same assignment. After the students have written their stories have them read them to the class and then put them up on the wall or a bulletin board.

2. WHY AM I IMPORTANT TO OTHERS?

This activity is designed to be a self-esteem builder. It gives the students an opportunity to look for and share the things that they like about their fellow students. This enables students to each learn what others see as things to like about them. Their self-esteem will be built up because they are receiving positive input.

OBJECTIVES

1. To help the students to look for the positive traits of others.
2. To help the students realize that others see the good in them.
3. To help in building the students self-esteem.

MATERIALS NEEDED

1. Paper cut to 3x5 or 3x5 index cards -- 5 per student.
2. Pencils
3. One envelope per student with the following words written on it -- "I AM IMPORTANT"

DIRECTIONS

Divide the class into small groups of five or six. Give each student one card for every other person in their group, and give each student one envelope. Instruct the students to write the name of each of the other students in their group at the top of the cards, one name per card and to write on each card "The thing I like about you is ________." Ask the students to fill in the blank for the person whose name appears at the top of the card.

After they have finished writing ask each student to read to the class what they liked most about the others in their group. Once they have read their card they should give it to the person they have written it about and that person should put it in their envelope. When this exercise is finished each student should have an envelope with five or six cards telling them why they are important to others. Tell the students that these cards are theirs to keep.

THE NEWS

All About ______________________________

Glue photo here.

3. LIFE MURALS

This activity gives each student a chance to look at the important events in their lives. This gives them a chance to pick out the events that are important and share them with others. This is designed to build their self-esteem by giving them a chance to talk about the important points in their life. It also gives them an opportunity to look at the things they have done so far and see the changes in their lives and the effect it has had.

OBJECTIVES

1. To help the students identify the important points in their lives.
2. To help the students look at their lives in the context of the whole.
3. To help the students see the changes in their lives and the effects of those changes.
4. To help build the students self-esteem.

MATERIALS NEEDED

1. One large long sheet of paper for each student
2. Crayons
3. Markers
4. Paints

DIRECTIONS

Pass out the papers to the students. Ask them to draw a horizontal line in the center of the paper long ways and at the far left write birth and at the far right write their age now. Then ask them to mark off a space for each year of their lives. Ask each student to use this line to show things that they have had happen to them. They can do this either by drawing pictures or writing a few words. Tell the students as they draw or write to think about the changes these events have caused.

After they have finished ask each student to tell the class about their life mural and to tell them about any changes they have had, if any, because of these events. Then display the murals around the room. The sharing may be done in the form of a gallery walk. Display the murals around the room and as a class walk around the room and look at each mural. Have each student talk about his/her own mural.

4. GIVING SELF GIFTS

This activity provides the students with a chance to give of themselves. Our society is very materialistic in its orientation and gives us the impression we are what we own. This activity is designed to teach the students that what is important is them and not the things they own. The students will learn that they do not have to have money to give gifts. The most valuable gift they have is themselves, which will help to build their self-esteem. This activity should not be done around a normal gift giving holiday so that it can be reinforced that self gifts can and should be given at any time of the year.

OBJECTIVES

1. To help the students see what they can do for others.
2. To help the students see that the best gifts cannot be bought with money.
3. To help build the students' self esteem.

MATERIALS NEEDED

1. 3x5 index cards -- 5 per student
2. Markers
3. Crayons
4. The book The Giving Tree by Cheryl Silverstein, (New York: Harper and Row, 1964) -- Available at the main branch of Dayton Public Library

A REVIEW OF THE BOOK

The Giving Tree is a delightful picture book about a boy, a tree, and how they grow together. The tree starts giving to the boy. It gives him a place to climb, and apples to eat. As he moves into his teen years the tree continues to give to the boy. For a period of time the tree does not see the boy. One day the boy, now an old man, comes back and finds the tree cut down, but still the tree gives to him, it provides a place for him to sit and rest.

DIRECTIONS

Read the book The Giving Tree with the children. After reading the book discuss it with the children. Talk about how the tree gave.

Points to make:

1. The tree gave expecting nothing in return.
2. The tree gave gifts of itself, it did not go and buy gifts for the boy.
3. The tree continued to give, but not for special occasions.

Talk with the students about how the best and most memorable gifts are given from ourselves not bought in the store with money. Ask the students to name some of the types of gifts that they can give (i.e., hugs, breakfast in bed, doing extra chores, making something).

Pass out five 3x5 cards to each student, ask them to think of gifts they can give and who they can give them to. Then have them write the person's name at the top of the card and then "This card is good for ____________" having them fill in the blank with their gift. Allow them to decorate the card in any way they choose. Then invite them to take the card and give to the person whose name is on the top of the card. Also talk with them about the idea that they do not need cards or a special occasion to give gifts.

5. SHADOWS OF ME

This activity gives the students a chance to express, in a manner of their choice, things that are important to them. This gives the students a chance to use the expressive medium they are most comfortable with. The children will be able to tell others about the things that they like. This will aid them in their concept of uniqueness because they have things that are important to them, but they will also see an interconnectedness since there will be things that overlap when they talk about important things.

OBJECTIVES

1. To help in bolstering the students self-esteem.
2. To help the student identify things that are important to them.
3. To help the students see their own uniqueness.
4. To help the students see their interconnectedness.

MATERIALS NEEDED

1. Bright light (i.e. lamp)
2. Black paper -- one per student
3. White paper -- one per student
4. Magazines
5. Glue
6. Scissors
7. Crayons
8. Markers
9. Paints

DIRECTIONS

Using the bright light reflect a shadow of the child on to the white sheet of paper and trace it. Then have the children cut out their silhouette and glue it to the black paper. Instruct the students to represent the things that are important to them within the boundaries of the white paper. They can do this by writing words or cutting and gluing words from a magazine or they can draw a picture or cut and glue a picture from a magazine or they may draw or paint, they can also do any combination of these.

After the students have completed their project have them share theirs with the class. This can be done either by having each student hold up his/her project and talk about it or this sharing can take place in the form of a gallery walk. Hang up the students' silhouettes around the room and walk as a class around the room looking at each picture, have each student share about his or her picture.

6. STAR OF THE WEEK

This is a year long activity that gives each student a week to be the star of the week. This gives each student an opportunity to take a leadership role. This also gives them a chance to be the center of attention therefore boosting their self-esteem. The star of the week is a role that each student will have an opportunity to fill and the only qualification for star of the week is being part of the class. This will reinforce that they are special and that cannot be earned.

OBJECTIVES

1. To give students an opportunity to take on leadership roles.
2. To help in building the students self-esteem.
3. To help the students understand that their specialness cannot be earned.

MATERIALS NEEDED

1. An open bulletin board
2. One blank book for each student with one page in each book for each student in the class
3. A jar with slips of paper with the students' names on them

DIRECTIONS

At the beginning of the school year look at your calendar and mark off vacation weeks and short weeks (weeks with less than the normal number of school days). Make sure that there are enough weeks left so that there is one week per child. On Friday of each week the teacher will draw a name from the jar, that child is the star for the next week. He/she will have a bulletin board to decorate in any manner he/she wishes. This student will do any special leader kinds of things, such as leading lines, running errands for the teacher, etc. On their last day of being the star, Friday, they should be given 20 minutes to do anything they want, it can be any type of activity.

At the beginning of the week the teacher should put out one of the books and tell the students that on Friday the star will be given that book. They each should take a page and write a message or draw a picture for the star. After the star's 20 minutes on Friday, the star should be presented with the book.

FEELINGS

Introduction

The activities in this section are designed to help children start to talk about feelings. One of the most crucial things we need to be aware of in dealing with a death is the effect it will have on those left alive. It is very important to talk about the way we feel after a loss such as a death. One of the most important things to remember when talking about feelings is that there is no such thing as a wrong feeling. Whatever that person feels is right for them.

We often unintentionally give children the message that they should not express their feelings. Many adults tell children, "If you are going to cry, I'll give something to cry about." This section is designed to help children talk about how they feel, and know who they can talk with about their feelings.

FEELING WORDS

INTRODUCTION

Often when a person is asked how they feel about something they will describe what happened, what they did, what they thought, what they are going to do, but not how they feel. Perhaps these people do not know what the difference is between their descriptions and their feelings. This activity is designed to give students a pool of words which they will know are feeling words. It also gives them an opportunity to talk about what causes them to feel certain ways. It allows them to do a fun activity in the process of their learning.

OBJECTIVES

1. To help the students identify feeling words.
2. To give the students an opportunity to talk about their feelings.

MATERIALS NEEDED

A copy of a word search for each student

DIRECTIONS

Choose one or more word searches for your class. If choosing only one it is best to choose one that has a variety of feeling words and not one of the more specialized ones. Pass out the word search, and as a class, talk about each word and ask for volunteers to tell about what causes them to feel that way. Be careful during this discussion to never make a child feel that you think that it is wrong for them to feel that way. There is no such thing as a right or wrong feeling.

After you discuss the feeling words ask the students to find the words in the puzzle and circle them. The words are found forwards, backwards, up, down and diagonally. These word searches can be completed either in class or at home depending on your time constraints.

FEELING WORD SEARCH

M	I	X	E	D	U	P	K	B	S	D	A	T
A	N	B	S	E	N	V	I	O	U	S	S	U
G	S	R	Y	F	R	A	O	I	G	E	H	H
T	E	W	E	E	L	D	N	N	W	E	A	K
H	C	A	R	A	S	E	J	C	A	F	M	A
R	U	W	U	T	T	R	P	R	G	I	E	C
I	R	O	C	E	M	O	T	M	W	E	D	O
L	E	R	E	D	U	B	Q	L	O	W	B	N
L	C	T	S	X	R	H	Z	F	H	T	F	C
E	Q	H	C	O	N	T	E	N	T	E	D	E
D	D	L	K	M	N	R	Y	O	I	N	O	R
J	T	E	L	C	A	L	M	M	G	D	V	N
B	N	S	X	W	V	Q	E	L	E	E	C	E
F	E	S	U	O	I	X	N	A	J	R	X	D
P	U	Z	K	D	L	U	F	T	S	E	R	C
C	P	L	E	A	S	E	D	K	V	P	D	Y

WEAK
MIXED UP
BORED
ANXIOUS
THRILLED
ASHAMED
TENDER
PLEASED
RESTFUL
CONTENTED
CALM
CONCERNED
LOW
WORTHLESS
HEARTBROKEN
SECURE
DEFEATED
INSECURE
ENVIOUS
MERRY

FEELING WORD SEARCH II

A	L	K	F	D	E	S	I	R	P	R	U	S	G	B	K
R	E	U	I	F	K	M	X	L	S	S	M	U	R	J	D
S	T	J	G	L	A	D	A	S	N	W	T	A	V	W	X
L	I	H	B	D	T	A	J	C	T	R	V	L	D	R	S
H	R	A	F	R	A	I	D	W	D	E	V	O	L	E	J
I	E	P	H	E	D	Y	G	E	E	Q	F	M	E	G	E
R	D	P	Q	B	U	Z	T	X	F	O	M	U	H	A	T
G	O	Y	U	C	O	R	A	I	E	X	C	I	T	E	D
L	J	P	K	D	R	L	N	N	A	M	A	N	R	F	N
U	E	A	G	O	P	R	R	C	T	O	Y	F	I	I	E
F	R	Q	W	C	O	O	B	P	E	T	R	U	H	E	R
R	L	U	F	T	B	U	O	D	I	G	G	S	D	V	V
A	P	H	H	W	B	P	K	V	P	R	N	O	J	M	O
E	F	I	Q	G	Z	A	Y	V	U	E	A	K	H	C	U
F	Q	J	E	A	L	O	U	S	Z	P	P	G	J	B	S

HAPPY
EAGER
SAD
HURT
ANGRY
FEARFUL
DOUBTFUL
AFRAID
GLAD
SURPRISED
JEALOUS
LOVED
BRAVE
NERVOUS
WORRIED
DEFEATED
TIRED
TORN
PROUD
EXCITED

FEELING WORD SEARCH III

H	A	P	P	Y	A	Z	L	B	C	G	D
V	L	M	G	N	J	T	W	P	F	R	S
A	E	I	R	O	U	B	B	C	D	F	G
Y	J	D	I	X	I	O	X	C	H	G	J
K	Z	L	E	M	O	U	N	O	O	H	P
Q	L	R	F	P	Y	N	T	N	U	V	W
E	X	B	A	D	R	C	F	F	E	K	M
V	X	V	Y	R	G	E	Z	U	A	I	B
O	D	Q	A	E	N	Y	S	S	A	D	N
L	C	E	Z	U	A	D	E	I	F	G	Y
H	F	P	I	Q	S	W	J	O	E	K	L
N	C	E	M	C	A	O	V	N	L	D	E
R	D	J	O	Y	U	B	B	S	W	L	N
F	O	S	P	T	C	Q	R	A	S	X	O
T	U	E	L	Y	L	L	I	S	V	W	L

HAPPY
JOY
FEAR
LONELY
DEPRESSED
SILLY

SAD
GRIEF
ANGRY
CONFUSION
LOVE
BOUNCEY

A HAPPY WORD SEARCH

C	A	L	M	K	E	Y	O	R	A	M	X	N	P	I	S	A
T	M	Z	O	N	B	A	B	J	F	L	B	H	J	J	B	K
A	I	A	W	P	C	Z	A	L	U	S	U	O	Y	O	J	F
T	E	H	K	Q	C	J	T	Q	F	C	C	P	U	B	V	C
H	Q	Y	J	P	I	H	P	O	T	M	C	N	D	L	E	M
R	X	S	O	L	G	A	E	O	S	C	D	F	D	G	D	E
I	Q	U	L	S	W	P	X	E	E	R	E	L	A	X	E	D
L	L	W	L	D	R	P	C	F	R	U	G	K	I	V	T	P
L	I	I	Y	E	U	Y	I	E	B	F	E	E	U	O	N	D
E	P	S	T	S	T	S	T	F	J	O	U	C	K	H	E	G
D	X	V	E	I	P	P	E	S	L	D	N	L	F	P	T	A
U	M	E	R	R	Y	Z	D	E	Z	I	R	Q	W	G	N	L
Z	F	H	O	P	G	T	I	A	M	X	E	K	R	R	O	E
Z	U	Q	F	R	H	U	N	U	L	T	V	N	N	L	C	Z
H	S	H	J	U	M	G	U	H	A	G	S	J	C	I	K	M
G	I	R	M	S	Y	I	L	T	O	R	B	V	S	N	N	R
Y	K	N	A	G	X	L	U	F	E	C	A	E	P	J	O	F

CALM
CHEERFUL
CONTENTED
EXCITED
GLAD
JOLLY
JOYOUS
MERRY
PEACEFUL
RELAXED
SURPRISED
THRILLED
RESTFUL
HAPPY

SAD OR HURT WORDS

A	H	Y	V	J	R	O	L	U	F	W	O	R	R	O	S	H	K	W	W
I	J	L	X	M	P	O	P	C	B	Y	S	H	N	U	H	E	A	Z	A
G	Z	H	L	Y	N	T	E	D	C	T	S	A	D	U	O	A	D	E	M
L	I	A	D	E	B	E	K	E	A	S	R	J	G	Z	P	R	V	Y	X
O	S	O	L	N	G	I	L	M	K	B	Q	D	L	N	O	T	D	V	S
O	O	Y	Y	J	A	U	F	A	G	U	E	T	U	Y	A	B	N	B	X
M	M	O	F	K	R	O	C	H	Z	S	P	R	D	L	P	R	Z	W	S
Y	B	C	X	P	S	N	H	S	S	S	M	Q	U	B	L	O	E	L	S
F	E	O	T	E	Y	O	C	A	D	E	O	K	F	G	Q	K	R	S	E
B	R	N	E	J	P	M	R	K	B	L	R	I	A	P	S	E	D	C	L
Q	P	C	I	U	P	R	I	B	E	H	N	E	Q	F	I	N	M	X	E
A	C	E	U	V	A	T	D	S	Y	T	L	H	D	L	R	O	T	T	S
T	H	R	Q	B	H	H	U	R	T	R	L	F	C	F	P	V	G	A	U
U	D	N	M	H	N	L	I	M	X	O	C	R	U	S	H	E	D	B	D
E	G	E	R	T	U	J	Q	C	W	W	O	R	R	I	E	D	K	Y	O
E	F	D	G	I	A	J	N	T	V	H	M	P	C	G	Y	G	F	Z	E

ASHAMED
CONCERNED
DULL
EMBARRASSED
GLOOMY
LOW
QUIET
MOODY
SOMBER
SORROWFUL
UNHAPPY
USELESS
WORTHLESS
CRUSHED
DESPAIR
HEARTBROKEN
LONELY
WORRIED
SAD
HURT

FEELING WORD SEARCH

M	I	X	E	D	U	P	K	B	S	D	A	T
A	N	B	S	E	N	V	I	O	U	S	S	U
G	S	R	Y	F	R	A	O	I	G	E	H	H
T	E	W	E	E	L	D	N	N	W	E	A	K
H	C	A	R	A	S	E	J	C	A	F	M	A
R	U	W	U	T	T	R	P	R	G	I	E	C
I	R	O	C	E	M	O	T	M	W	E	D	O
L	E	R	E	D	U	B	Q	L	O	W	B	N
L	C	T	S	X	R	H	Z	F	H	T	F	C
E	Q	H	C	O	N	T	E	N	T	E	D	E
D	D	L	K	M	N	R	Y	O	I	N	O	R
J	T	E	L	C	A	L	M	M	G	D	V	N
B	N	S	X	W	V	Q	E	L	E	E	C	E
F	E	S	U	O	I	X	N	A	J	R	X	D
P	U	Z	K	D	L	U	F	T	S	E	R	C
C	P	L	E	A	S	E	D	K	V	P	D	Y

WEAK
MIXED UP
BORED
ANXIOUS
THRILLED
ASHAMED
TENDER
PLEASED
RESTFUL
CONTENTED

CALM
CONCERNED
LOW
WORTHLESS
HEARTBROKEN
SECURE
DEFEATED
INSECURE
ENVIOUS
MERRY

A FEELINGS BOOK

Introduction

Often times pictures, words or stories elicit certain feelings in us. This activity enables the students to select the pictures, words or stories that make them feel a particular way and put several feeling representatives into a book form. This book will be shared with a small group so they have an opportunity to talk with others about their feelings.

It is important to get the student comfortable with talking about their feelings. If feelings are held in for long periods of time, they become like a shaken pop bottle. Everything that is inside comes bursting out all over.

Objectives

1. To help the children identify their feelings.
2. To help the children see that certain pictures, stories and/or words elicit certain feelings.
3. To give the children an opportunity to talk about their feelings.

Materials Needed

Magazines and newspapers that can be cut up
Construction paper
Glue
Scissors
Markers
Crayons
Hold punch
Yarn or ribbon

Directions

Have the students look through the magazines and newspapers and cut out pictures and/or stories that elicit feelings. You may want to ask them to cut out pictures or articles that make them feel a feeling you name. For example, you may ask them to pick out pictures or articles that make them feel sad or you may ask them to choose the picture or article and name the feeling. Have the students paste the pictures on a piece of construction paper and write below the word that they feel when they look at the picture. After they do several of these, have them punch holes in the pages and tie them together with yarn.

The next step can take one of two directions. You can have the students take their book home and share it with someone there. The danger is that they may not have anybody to share it with at home. You can also or instead have them take time to share it with a person in the class. In doing this, please emphasize to the children that there is no such thing as a wrong feeling, whatever they feel is right for them.

THIS IS HOW MUCH I FEEL

I Feel This Much

This activity is designed to assist students in describing the intensity of their feelings in a very tangible way. It gives them permission to talk about the whole range of feelings. It is often difficult to describe how much very happy is. This activity allows the students to show in a comparative way the degree of their feelings. The activity will show them that everybody has the same kinds of feeling. The differences are the intensity of the feeling and the reason for the feeling.

Objectives:

1. To assist the children in talking about the intensity of their feelings.

2. To help the children to realize that everybody has feelings.

3. To help the children understand that it is all right to talk about feelings.

Materials Needed:

1. Several envelopes or bags, each one should have one feeling word written on it each should be filled with small squares.

Directions

This activity is best when used in a small group, each group should have a set of bags. Pass the bags around and ask the students to take as many squares out of the bag as represents the intensity of that feeling in comparison with the other feelings. Have them put the squares in piles in front of them. After each student has had an opportunity to get squares, ask each student to talk about their piles. It is very important that everybody exhibit good listening skills when somebody else is talking.

TALKING ABOUT IT

It is very important that people talk about their feelings. If feelings are not talked about there is a tendency to keep them bottled up inside but eventually they find their way out in some form. We may either directly or indirectly give children the message that they cannot talk about their feelings. Children need to know that their feelings are important and need to be talked about. They also need help in developing a list of people who they can talk to.

Objectives:

1. To help the children realize that it is okay to talk about feelings.
2. To help the children develop a list of people who they can talk to.

Materials Needed:

1. An open bulletin board
2. Pictures of various school personnel (janitor, cook, secretary, counselor, nurse, principal, teachers, bus drivers, etc.)
3. Pictures of the children's favorite adults
4. Background paper for the bulletin board and letters cut out to say "PEOPLE WE CAN TALK TO".

Directions:

Talk with the children and explain why it is important to talk about their feelings. Ask them who the people are that they can talk to. Have them draw and cut out a picture of the adults to whom they can talk or ask them to bring photos of those people. You should supply pictures of various school personnel if they are not brought up by the children. Display the pictures on the bulletin board.

DEATH AND OTHER LOSSES

LET'S EXPLORE NATURE

Death is a very frightening concept for most of us but it is a fact of life. We need to help children realize that death is a natural part of life. Many times we talk to children about death in terms of sleep or the person going to be with Jesus or on a long trip. These explanations tend only to confuse or frighten children.

Looking at death it needs to be done in the context of the whole. Death must be seen in relation to the life it ended. Death must also be seen as natural; everything in nature dies. The most important issue surrounding death is what happens to those who are left alive. Children (and adults) need to understand that life goes on. True, there is a necessary period of mourning but a time comes when the living must continue to live. We also need to understand that remembering a loved one who has died is good and that it can be good to carry on the work of the loved one if that is what the person wants to do. This section through the use of books, films, and exploration will help children to look at death in a healthy and unfrightening way.

Lets Explore Nature

Nature provides an opportunity for us to look at life and death. Exploring death as it occurs in nature will be less frightening for the children than exploring the death of a person. This is a good beginning point for a later discussion about the deaths of persons. Looking at death in the context of nature will help the children to see that death is natural. This activity will also help them become more comfortable with talking about death.

Objectives:

1. To help the children to look at life and death as it occurs in nature.
2. To help the children become more comfortable talking about death and dying.
3. To help the children see that death is a natural part of life.

Materials needed:

An outdoor area to explore.

Directions:

Take the children outside to explore. Ask them to collect living things, then have them collect dead things. After they have collected something have them sit in a big circle. Talk about what the living things will be like when they die and what the dead things were like when they were alive. Talk about how their things might die or did die. Also discuss how all living things die and that this is a natural part of the life cycle.

Charlotte's Web

This activity is based around the story of Charlotte's Web. This activity is designed to help the children see that death is a natural part of life. The story is about a spider and a pig who become friends. The spider dies but right after her death her eggs hatch and the pig's friendship continues with her offspring.

When looking at death for the first time it is less frightening to look at it in nature. We do still need to discuss human death with children, but it may be helpful to them to look at it in the context of nature.

Objectives:

1. To help the children see that death is a natural part of life.
2. To help the children see that it is okay to be sad and miss a person who dies.
3. To help the children see that after a death a person's memory is carried on through their offspring.

Materials needed:

The book or video Charlotte's Web

About the book (video):

Charlotte's Web is the story about a pig and a spider who become friends. Wilbur the pig is in danger of being killed, but Charlotte spells out things like TERRIFIC or SOME PIG in her web and Wilbur becomes an attraction. As they spend time together their friendship grows. One day the farmer decides to take Wilbur to the fair. Charlotte goes with him and spins her web with a message about Wilbur. Wilbur notices that Charlotte is making a pouch. In her pouch she lays eggs. One day Charlotte dies and Wilbur is very sad. Her eggs hatched and Charlotte's children then befriend Wilbur.

Directions:

Read the book or show the video Charlotte's Web. After this have a discussion time. You may use the following questions or make up your own.

1. How do you suppose Wilbur felt when he found a friend like Charlotte?
2. What happened to Charlotte at the end?
3. Do you think it is normal for spiders to die?
4. How do ou suppose Wilbur felt when Charlotte died?
5. A spider dying is natural. Do you think it is natural for a person to die?
6. How do people feel when someone close to them dies?

Freddie the Leaf

This activity is designed to help the children see that death is a natural part of life. The children will be able to follow Freddie's growth process through to the point of his falling off of the tree. This activity also shows life and death in an ongoing process. Freddie is gone but in the spring new leaves will come and continue on.

Looking at death in nature, especially when looking at it for the first time, is less frightening than looking at the death of people. This does not mean we should not discuss the death of a person with children. It means that it will be less frightening if it is approached gradually.

Objectives:

1. To help the children see that death is a natural part of life.
2. To help the children see that once death has occurred a person's work can be carried on.

Materials needed:

The book Freddie the Leaf

About the book:

Freddie the Leaf is a delightful book about the death of a leaf. This book has many well done photographs which follow Freddie from his birth until he eventually falls off the tree. The book talks about his contentment and the changes that happen as he grows. When fall arrives Freddie discovers that he and the other leaves around him are bright beautiful colors, then one day some of the leaves begin to fall. The book talks about how Freddie felt about the loss of the other leaves. Then one day Freddie falls from the tree.

Directions:

Read the book Freddie the Leaf to the children. After reading the book have discussion time. You may use the following questions or make up some of your own.

1. What happens to the leaves in the fall?
2. Are the leaves that fall off the tree the same ones that grow back the next spring?
3. What happened to Freddie?
4. Do you think it was normal for a leaf to fall off the tree?
5. Falling off the tree was a normal part of life for a leaf, that is a leaf's way of dying. Do you think it is a normal part of life for a person to die?
6. How did Freddie feel when the other leaves started to fall off the tree?
7. How do people feel when someone close to them dies?

A LOOK AT DEATH

This activity is based around the book A Look at Death. This activity is designed to help the children look at death as a natural part of life. This book takes a very matter of fact view about death. This activity also enables the children to discuss the events and feeling that surround a death. It also emphasizes that the intensity of the pain decreases, but the memories live on.

Objectives:

1. To help the children see that death is a natural part of life.
2. To help the children explore the events surrounding a death.
3. To help the children explore the feelings surrounding a death.

Materials needed:

The book A Look At Death by Rebecca Anders from Lerner Publications, 1978.

About the Book:

This book takes a very frank look at death and the events and feelings surrounding it. Death is portrayed as a part of life and happening to everyone. For some elderly death is a release. Death can happen to the young too. Sometimes death comes suddenly or it can come slowly. It can seem unfair. Sometimes people have to go into the hospital or nursing home because they need the help of doctors and nurses. The book also talks about mourning and funerals. The feelings discussed are sad, painful, hurt. The hurt can last a long time. The death leaves an empty space but the hurt gets smaller and the memories remain.

Directions:

Read the book A Look at Death. After this have a discussion time. You may use the following questions or make up your own.

1. Who can die?
2. Is death always an unwanted event?
3. Why do people need to go into a hospital or nursing home?
4. Does everybody who goes into a hospital or nursing home die?
5. What is a funeral?
6. What is mourning?
7. What are some of the feelings that surround a death?
8. Does the hurt of those left behind stay the same?

MY FAVORITE PEOPLE OR THINGS

INTRODUCTION

In looking at life and death it is helpful to imagine what a loss might be like. This allows for the opportunity to talk about the possibility of this loss and how it would feel if the loss would occur. This also gives the students a chance to look at the transience of things and people around them and perhaps at their own mortality.

OBJECTIVES

1. To help the children identify objects or people that are important to them.
2. To help the children see that objects are destroyed or lost and people die or move away.
3. To help the children express feelings about their object or person and about the loss of their object or person.

MATERIALS NEEDED

1. Plaster of Paris
2. Water
3. Have children bring a picture of their favorite person or object from home
4. A shallow bowl (you may need to have the children bring this from home too)
5. Paper clips

DIRECTIONS

Mix up the plaster of paris according to the package instructions. Have the students place their picture face down in the bowl and pour the plaster of paris on top covering two-thirds of the bowl. Unfold a paper clip and place in the center of the plaster of paris so that it is sticking up. This will be used to pull the picture out and to hang it up with later. After the plaster dries hang the pictures and do a gallery walk. Walk around the room and individually ask the children to share their feelings about their subjects, and how they would feel if their subjects were gone. You may want at this time to talk about how that person or object could be gone from the child's life. This could range from objects being broken, stolen or lost to people moving away or dying.

CLASSROOM MEETINGS

Introduction

Programs for elementary level students, such as the ones already described in this section, are an excellent supplement to the elementary level health curriculum and can have strong impact on the development of self-esteem and coping skills. This impact can be even more powerful if the activities and discussions are a part of the ongoing classroom routine rather than a unit or segment for an isolated portion of the school year. One way to accomplish this integration of activities is to utilize the classroom meeting on a regular basis.

The classroom meeting, a concept based on the work of Dreikurs (1957) and Glasser (1969), was popular in classrooms of the 1960's and 1970's. Since the "return to basics" movement of the 1980's the classroom meeting has fallen into disuse as teachers become more concerned with their accountability for the academic achievement of their students. With the recently renewed concern for students' emotional health, now may be a time to strike a healthy balance between academic, social, and emotional success. The classroom meeting model may provide a place to begin.

Types of Classroom Meetings

There are two basic types of classroom meetings; general discussion and problem-solving. General discussion meetings can involve virtually any topic suggested by either the teacher or the students. These topics can be an outgrowth of academic discussions, a stimulus for imaginative thinking, or an opportunity to explore feelings, wishes, and dreams. Problem-solving meetings have a more specific purpose: to address an issue of immediate concern to the class. For example, "stealing from other person's desks" or "abusive language on the playground." These meetings provide a means for the class to discuss a group problem and arrive at a reasonable and acceptable solution for the group to implement.

Setting Up the Classroom Meeting

Although September is an ideal time to introduce the classroom meeting concept to the students, it can be done at any point during the school year. Regardless of the time of year the meetings are initiated, the first 4 or 5 meetings should limited to general discussions of "safe" topics. This will allow the children to become familiar with the format and the procedures the group will follow during the classroom meetings.

Meetings can be held at any time convenient to the class schedule, but should be held on a regular and predictable basis. The meetings should last from twenty-five to forty minutes. Once established, the students will come to anticipate these forums for discussion of issues and problems of particular interest to them. One option is to use the meetings to get the week off to a positive start by having them on Monday mornings. Another is to hold the meetings on Fridays to provide a sense of closure to the week and to keep problems from carrying over into the next week. Virtually any other time or day will also work out so long as it becomes a part of the weekly routine.

Before the first meeting is held the teacher needs to decide on rules or behaviors which are important to him/her and for which group input would be irrelevant. For examples, rules of order such as raising hands before speaking, or not interrupting anyone who is speaking. Sorsdahl and Sanche offered some guidelines for classroom meetings in the October, 1985 issue of Elementary School Guidance and Counseling (pp. 52-53):

Table 1: Guidelines for Classroom Meetings

1. Students were seated in a tight circle, and the teacher was part of that circle.
2. Children indicated that they wished to speak by raising their hands and only one child spoke at a time.
3. Mutual respect and empathy were stressed. Children were expected to listen to others and to show respect for the contributions of others.
4. The leaders taught and acted as models by focusing on the positive and by using encouragement and feedback.
5. Skills such as good listening and attentiveness, speaking directly to the person being addressed, using eye contact and personal name, paraphrasing, and active and reflective listening were encouraged.
6. Although the teachers were initially quite directive, they attempted to be nonjudgmental and to offer opinions sparingly. It was stressed that there were no right or wrong answers.
7. Questions were directed only to those who raised their hands. At various points in each meeting, a question was presented to which each child in turn could respond or pass (not answer).
8. Children were taught to summarize at the end of general discussions. In problem-solving meetings, they were encouraged to explore various problem-solving solutions before committing themselves to specific plans of action.
9. Solutions were chosen by consensus so that all members had agreed to try a solution before it was accepted. Solutions were reviewed to ensure that they were successful; if they did not work satisfactorily, another meeting was held.
10. Time guidelines were adhered to in order to conclude meetings while interest was high. Problem-solving topics were continued at the next meeting if consensus on a solution was not reached.

Sorsdahl, Sandra N., and Robert P. Sanche. "The Effects of Classroom Meetings on Self-Concept and Behavior," Elementary School Guidance & Counseling, October, 1985, pp. 49-55.

In this same article, the authors report on their study of the classroom meeting as a tool for building self-esteem and positive classroom behavior. The authors found classroom meetings to have a significant positive impact on the classroom behavior of the fourth graders in the study. The effect of the classroom meeting on self-esteem was less conclusive, possibly due to the types of instruments used to measure self-perception. The authors still felt that "Classroom meetings seem to be a cost-efficient approach to providing more preventative counseling for children." (p. 55)

One of the primary goals of the Lifesaver Program is just this type of preventative work. By taking the time to train teachers to talk to their students before problems occur or while problems are still minor, counselors are actually freeing more time to work with those students with the greatest need. The classroom meeting, then, can be a vehicle for providing preventative services to large numbers of children, using existing staff, and in a highly positive manner. Through these meetings, the classroom teacher may also be better able to identify those children in need of more personal intervention.

Table 2: Conducting Classroom Meetings for General Discussion

I. General Structure

A. Teacher behavior

1. Moderate teacher directiveness: highest for initial session as students learn the procedures for the meetings
2. High empathy and personal involvement without controlling student interactions
3. Nonjudgmental attitude

B. Student behavior

1. Gradual assumption of responsibility for discussion topics and procedures
2. Development of listening skills
3. Development of ability to share opinions without blame or evaluation
4. Development of ability to review and summarize the discussion

II. Procedure

A. Phase One: Establish climate of involvement

1. Encourage everyone to participate and speak for him or her self
3. Establish guidelines to ensure fair and equal opportunity to express opinions and feelings in a nonjudgmental manner

B. Phase Two: Bring up the meeting agenda

1. Students and/or teacher bring up the topic for discussion
2. Provide background information if necessary

C. Phase Three: Discussion

1. Follow procedures for rules of order
2. Share opinions, feelings, stories, etc. as relevant to the topic

D. Phase Four: Summary

1. Review key points which were discussed
2. Decide whether further discussion of the topic is warranted
3. Ask if anyone has a preference for the next meeting's topic

Table 3: Conducting Classroom Meetings for Problem-Solving

I. General Structure

A. Teacher behavior

1. Moderate teacher directiveness; highest for initial sessions as students learn procedures for meetings
2. High empathy and personal involvement without controlling student interactions
3. Nonjudgmental attitude

B. Student behavior

1. Gradual assumption of responsibility for discussion topics and procedures
2. Development of problem-solving techniques
3. Development of listening skills
4. Development of ability to share opinions and feeling without blame or judgment
5. Development of ability to reach group consensus

II. Procedure

A. Phase One: Establish a climate of involvement

1. Encourage everyone to participate and speak for him/her self
2. Share opinions and feelings without blame or evaluation

B. Phase Two: Bring up the problem for discussion

  1. Students and/or teacher may bring up the issue or problem -- describe fully
  2. Give examples of the situations which needs to be addressed
  3. Identify the consequences of the present situation

C. Phase Three: Making value judgments

  1. Identify the personal values behind the problem situation or behavior
  2. Identify the social norms which are affected
  3. Students (in turn) state personal feelings about the norms and values as they seem to them

D. Phase Four: Identifying alternative courses of action

  1. Discuss specific behavioral alternatives and their consequences for individuals and the group
  2. Reach consensus on the alternative which the group will adopt

E. Phase Five: Public commitment

  1. Group members agree to implement the selected alternative
  2. After a period of time, use another group meeting time to assess the effectiveness of the selected alternative. Re-process if necessary.

Table 4: TOPICS FOR CLASSROOM MEETINGS

General Discussion	Problem-solving
1. If I had $1,000 to spend as I wished	1. Students who disrupt class by coming late
2. When I am a parent	2. Defacing textbooks
3. Reasonable allowances for children in ---- grade	3. Abusing restroom privileges
	4. Feeling down and no one to talk to

REFERENCES

Dreikurs, R. (1957). Psychology in the Classroom. New York: Harper & Row.

Glasser, W. (1969). Schools Without Failure. New York: Harper & Row.

Sorsdahl, S. and Sanche, R. (1985). "The effects of classroom meetings on self-concept and behavior." Elementary School Guidance and Counseling

PUPPET PROGRAMS

The following puppet package is a reflection of several years' work with children and the issues of suicide and death. The puppet program itself does not, however, mention suicide.

Each community needs to develop a specific program based on its own individual community experience. This package is intended to be a guide for beginning your program.

The idea for the puppet show originated with a volunteer Team Member in 1981. The Team Member, Vicki, often spoke for SPC to adolescent groups and was beginning to speak to elementary children. Her feelings were that the typical lecture/film/case study format was too advanced for the younger children, and that something more on their level, perhaps with puppets, would be more suitable.

During that same year, SPC was researching the issue of children and suicide due to the shockingly young ages of callers to our hotline (some as young as eight years of age).

As these two events came together SPC decided to develop a puppet show for children which would focus on death and grief. We had learned in the course of our research that children often turn to suicide because of an unresolved grief (typically death, or a symbolic death such as divorce), and that they did not understand the finality of their actions.

A basic part of the puppet program was to be a question and answer period, using the puppets, where the children could really say what was on their minds. The skits then were to remain short, to the point, and offer an accepting attitude toward such things as crying and other feelings, e.g. anger, which society frequently implies are inappropriate when associated with death or loss.

The original scripts and technical assistance were provided by a well-known puppet troupe, The Quality Puppet Players (QPP). The QPP trained the original core group of puppeteers. This group quickly grew to over 10 persons, who divided into several troupes.

Over the past four years the puppeteers have continued to revise and develop new scripts. This package represents their script revisions and accumulated experience since the program was conceived. Additionally, other program ideas continue to be developed. Some of these ideas include presenting to a variety of children's groups (Scouts, etc.), involving high school creative writing classes in script production, having a local vocational school build stages, working with children who are terminally ill, and devising longer, more suitable scripts for older elementary school age children.

Scripts

Enclosed are the ten scripts used for our program. Two or three are used at any given time, based on the experiences of the children, their age level and the time constraints of the class period.

A balance of humorous and serious skits are presented. Pantomiming to various songs can be good, if the songs are not too long. We enjoy using It's All Right to Cry from Free to Be -- You and Me.

All scripts use simple language and speak directly to the issue at hand. Description sheets accompany each script. All scripts can be altered with regard to the gender of the characters. Ages and relationships should remain constant.

Categorization of Scripts

Category I	Category II	Category III
SLOWPOKE	WISHING TREE	IF WISHES WERE . . .
JAWS, THE GOLDFISH	FOREVER IS FOR ALWAYS	SOMETHING'S LOST
THE BUTTERFLY*	SWEET MEMORIES*	HUNTING FOR BIG GAME
HUNTING FOR BIG GAME		SAND CASTLE*

* These scripts require more props and more practice between the puppeteers.

Each category covers approximately the same topics in the same or a similar style; therefore, it is only necessary to pick one script from each category to cover all the topics -- moving from a humurous scenario to a more serious vignette to a hopeful close.

Certain themes should run throughout the presentations -- acceptance of feelings, particularly those which children do not often associate with death and loss (e.g. anger, guilt, and fear), and the particular assurance that even these feelings are certainly acceptable and experienced by others. Additionally, it is essential to keep stressing that it is necessary to TALK WITH OTHERS in order to make some of the hurtful feelings better.

Emphasis on the various concepts covered may differ according to time constraints, but all should be covered to some extent. Concepts not covered adequately in the discussion immediately following each skits should be given consideration during the summary discussion following all the skits.

The basic concepts covered vary according to category. They are as follows: Category I -- identification of feelings, Category II -- death specifics, talking about and listening to feelings, as well as who is available to talk to, and Category III -- other losses, re-emphasis of talking/listening.

Puppets

A variety of puppets are used. General rules of thumb include using bright colors, easily recognizable forms and sturdy materials.

Remember that you're trying to convey a message to the audience. THE AUDIENCE is the most important aspect of the program!

EYE CONTACT

The puppet needs to maintain good eye contact with the audience. Remember where each puppet's eyes are located. They vary from puppet to puppet.

SINKING

Avoid letting the puppet sink below the bottom of the stage opening. As your arm tires, this is an easy thing to do without your noticing (but the audience knows right away!).

POSTURE AND GESTURE

Maintain the general posture of your puppet with regard to its character. Use gesture whenever possible to emphasize a point.

BOUNCING

While traveling on the stage, remember to use the bouncing method to denote movement from one area to another.

REMAIN IN CHARACTER

Each puppet denotes a specific character. All of their interactions and responses must remain in the character.

MOUTHING

One of the most difficult techniques to achieve with puppets is the coordination of the puppet's mouth with your speaking. Mouthing can often appear out of sync without a lot of practice!

It is not necessary to open the puppet's mouth for every syllable. It is far more important to remember to begin speaking from a closed position and end speaking at a closed position.

PAUSE

Don't rush the dialogue. Appropriate pauses leave time for the material to be assimilated.

DICTION

When speaking, be sure to use clear diction. The stage is a barricade and projection is very important.

Suicide Prevention Center, Inc.   Setting the Stage

1. In all you do, realize that you are doing something very meaningful.

2. Explore the potential of the medium. How can you use puppets (perceived as fun/happy) to explain the difficult concepts of death, loss, dying and grief (perceived as bad/sad)?

3. Be sure that you are well prepared:
    handouts
    stage
    puppets
    scripts

4. Try to stay as calm as possible. Things always go wrong, but the audience only notices it if we make a big fuss about it. In a real catastrophe, try to turn the situation around with humor (Ohhh. . .I'm so embarrassed!" says Sandy as the beehive falls over).

5. Your three basics are:
    A. always maintain eye contact
    B. bounce!
    C. concentate on lip sync

6. Never to over ten minutes with the scripts. The children's attention span is limited, and you will need time to move into the discussion segment.

7. Be flexible. If a child asks to work a puppet, let them!

8. The use of puppets is a fantasy. This is in essence "play therapy." It creates confidence in handling situations that are dangerous or scary. By verbalizing in a non-threatening way, we are allowing the children the freedom to release their feelings.

9. Children's concepts of death:

    0-3: Out of sight, out of existence
    3-7: not final (sleeping, away but will return)
    7-9: understands physical death for others, usually to older people -- someone comes to take them away, but it could never happen to themselves
    10: death is final, will happen to even themselves

    These concepts are impacted by their own personal death and/or loss experiences, and how the adults around them reacted to these losses.

Synopsis

Two children talk about the loss of a pet.

Concepts

It's all right to cry
Listening to the feelings expressed
The loss of a pet can bring on grief
The pet is not easily replaced
Talking about feelings can make us feel better

Emotions Expressed

Sadness/grief
Anger
Frustration/confusion
Guilt

Performance

Props -- none
Characters -- two peers

Orientation

Humorous

(Sally and David are playing tag. Sallys says, "You're it!" as she runs on stage. David follows saying, "I'll catch you." Sally and David chase each other around the stage a few times taking turns being "it", then get tired and sit to rest. Heavy breathing as if winded from running around. Then Sally says to David. . .)

SALLY: Hey! I've got an idea. Let's go fishing.

DAVID: Nah. . .I don't feel so good -- I don't wanna go today.

SALLY: Why not? You look fine to me, and besides that you were playing just a minute ago!

DAVID: Well, I may look fine, but I don't feel fine! (Pause) To tell you the truth, going fishing makes me think about my goldfish, Jaws. Remember him? Well, he died.

SALLY: (Laughing) You feel bad about a goldfish? That's silly!

DAVID: Come on. I really loved Jaws and I miss him too!

SALLY: Oh, I'm sorry. How did he die?

DAVID: He drowned!

SALLY: (Loud laughter) A fish that drowned?! Now that's funny! (More laughter)

DAVID: No, really. I put him in the toilet to change his water, and my brother didn't see him and flushed him down! (Start to cry)

SALLY. Oh -- I'm sorry, David. I didn't mean to make you cry. I never knew Jaws meant so much to you. Guess I should know better, 'cause boy did I cry when my dog died. (Slight pause) But you know what? My Mom said it was OK to cry when something you love dies.

DAVID: (Still crying a little) Really? My Mom said, "Now, David, don't cry. We'll get you another goldfish. (Slight pause) She just doesn't understand how special Jaws was. He loved me. No other goldfish will be like Jaws!

SALLY: You're right. Jaws was special. I think you'll always remember him and the way he loved you. C'mon. Let's take a walk.

Synopsis

A young child and a parent react to the death of a favorite pet, a turtle.

Concepts

What death means (breathing, etc.)
What is and why do we have funerals
It's alright to cry
Talking to someone makes it better

Emotions Expressed

Sadness/grief
Disbelief of death
Confusion with death

Performance

Props -- fish bowl, small stones
Characters -- a parent and a child

Orientation

Humorous

JASON: Mister Slowpoke! Here's your breakfast! (Nudges bowl) C'mon, Slowpoke, eat your breakfast. . .Slowpoke, wake up! What's the matter with you today?

MOM: Jason, what is it?

JASON: Look at Slowpoke. He won't wake up!!

MOM: (After looking at the turtle) Slowpoke can't wake up, honey.

JASON: Why not? I want to play. What's wrong with him?

MOM: He's dead, Jason.

JASON: Dead? What's dead?

MOM: Dead means. . .Slowpoke's life is gone. He can't move, or eat, or breathe or anything anymore.

JASON: Get Dad. He can make Slowpoke move again!!

MOM: No, Jason, no one can make Slowpoke alive again.

JASON: Please, Mommy. (Begins to cry) I want to feed Slowpoke. . .I want to play Peek-a-boo!

MOM: Slowpoke can't play, honey. He can't eat or sleep, or swim or play anymore. He can't play Peek-a-boo. (Rocking and holding Jason) I know you're sad. It's OK to cry. We will miss Slowpoke. I'll miss him too.

JASON: Why? Is he going away? Where is he going?

MOM: We can take Slowpoke's body outside and bury him near your favorite tree.

JASON: Bury him?

MOM: In the ground. This is called a funeral. It's something that people do when someone dies. We can put something on top of where Slowpoke is, to help us remember.

JASON: Could we put on some of Slowpoke's stones? I know he always liked his stones.

MOM: Stones would be good. Let's go tell everyone else. They will want to come to Slowpoke's funeral too.

JASON: They could bring something too, can't they, Mom?

MOM: Yes. We all will remember Slowpoke in different ways.

Suicide Prevention Center, Inc. HUNTING FOR BIG GAME -- Category I or III

Synopsis

Two children discover a dead giraffe in the jungle.

Concepts

We're never too big to be afraid
How death affects us (breathing, etc.)
Death is scary, just as other things (divorce, separation, fights with friends) are scary

Emotions Expressed

Fear
Disbelief about death

Performance

Props -- a giraffe
Characters -- two peers

Orientation

Humorous

CAUTION: Do NOT use with "The Butterfly" script

Do NOT bring out the giraffe puppet at the end of the show unless a thorough discussion of the difference between fantasy and reality has occurred, either with relation to the script or in the summary discussion.

MELISSA: This is a scary forest!

PETE: Aw. . .c'mon, scardy cat! We're too big to be afraid. We're big game hunters!!

MELISSA: You're never too big to be afraid.

(Off stage -- ROAR!!)

MELISSA: Oh-h-h-h- (Jumps to top of stage)

PETE: Melissa, come down, I'll protect you!

MELISSA: I don't need your protection! I can take care of myself! (Hops down) Oh, look! A giraffe!!

PETE: Where? Oh, there. I think she's sleeping.

MELISSA: No. . .I think she's dead.

PETE: What do girls know. . .wake up, wake up, WAKE UP!!

MELISSA: Pete! Let's check like they do on TV. Nope. . .no breathing. Nope. . .no pulse. Nope. . .no heartbeat. This giraffe is dead.

PETE: It's too beautiful to be dead.

MELISSA: Pete, everything dies someday. Part of life is to be born, and someday to die.

PETE: Will I die someday?

MELISSA: Yes.

PETE: That's scary!

MELISSA: Yeah. . .but not as scary as this jungle!!

PETE: Do you really think so?

MELISSA: Yeah. If we don't move on, we might get eaten by a lion, instead of dying of old age!

(Loud ROAR as they run off)

Synopsis

Two animals explore a caterpillar as it develops through stages into a butterfly.

Concepts

All life develops through stages

Emotions Expressed

Anxiety
Joy -- at seeing life develop
Wonder and a sense of excitement

Performance

Props -- caterpillar, cocoon, butterfly
Characters -- a dog and a lion

Orientation

Humorous

CAUTION: Do NOT use this script with "Hunting for Big Game"

* This skit requires more preparation and practice in order to be performed well. Additionally, the material does not relate to the topic of death directly, but deals instead with the concept of life change.

LION: I like taking walks with you Dog.

DOG: It is nice, isn't it. I like it too.

LION: Do you remember what we saw when we walked near the flower garden a couple of weeks ago?

DOG: Yeah. We were looking around for where I hid my bone and we found a caterpillar on some leaves.

LION: Then, a few days later, we looked and saw it was a caterpillar.

DOG: And then the last time it was asleep in a cocoon.

LION: Wonder what it would be like to be a caterpillar.

DOG: Gee, I don't know. Let's think about it a minute. First it was a caterpillar, and now it's sleeping in a cocoon.

LION: That's right. Well, I guess we all go through a lot of changes as we grow up. It happened real fast to the caterpillar and we got to watch it.

DOG: Let's go check and see what's happening today.

LION: Good idea.

(Dog and Lion move to other side of stage and look all around.)

LION: I don't see anything. Do you think maybe it's changed again?

DOG: I don't know. Could be.

LION: Let's keep looking for it.

(Dog and Lion look around as the butterfly begins to fly around.)

DOG: (To the children) Do you see anything? Where? Oh, I see it now.

LION: What a beautiful butterfly.

DOG: Wow! It sure is different from the way it started out as a caterpillar.

LION: There it goes. Let's follow it.

Synopsis

Two characters discuss the basic concept of death.

Concepts

Death does happen to everyone
Being sad is not bad, but it is painful
Typical reactions to death
It helps to remember the good times
Talking about how we feel helps (Elicit possibilities of whom the child can talk to) -- what can we do if someone does not listen?

Emotions Expressed

Fear -- at the unknown and at death
Confusion -- at who will die and why
Sadness
Anger

Performances

Props -- a newspaper
Characters -- a young person and an adult (perhaps elderly)

Orientation

serious

OPTION: By changing the name of the dead person from Mr. Jones to MRS. Jones (and also the related pronouns), the puppeteers can introduce the concept that mothers can die also, while still removing the concept one step away from the child. (The death of one's mother is an extremely scary concept for young children and must be handled with great sensitivity and extreme care.)

Suicide Prevention Center, Inc. FOREVER IS FOR ALWAYS -- Category II

(Uncle Harry is sitting on stage reading the newspaper. David comes on stage playing with a toy car, making a lot of noise as he plays. After David has played around a little while, he runs the car over to where Uncle Harry is sitting and appears to have seen Uncle Harry for the first time since he entered the room. David says. . .)

DAVID: Oh! Hi, Uncle Harry. Whatcha doing?

HARRY: Well, I was trying to read the newspaper before it got so noisy in here. No. . .just kidding. Actually, I'm glad you're here. I want to ask you something. I read where it says a Mr. Jones who lived on Maple Street died. Don't you know his son, Bobby?

DAVID: Bobby's Daddy died!!? I just saw him the other day and he seemed fine to me! (Pause) Uncle Harry, is dying scary? Is it really bad?

HARRY: No, David. I don't think dying is supposed to be scary. It's just that no one really knows what happens to us when we die.

DAVID: *Why* does it have to happen? How come all the things we have have to die? I don't want them to die!

HARRY: I know you don't -- neither do I. If there's one thing I've learned in all my years, it's that no two people are alike, and that each person is *very* special. Life is so precious, because a person can never be replaced. But we also have to realize that death is a natural part of life.

DAVID: Yeah, I know that, but I still have trouble understanding. When somebody dies. . .isn't that bad?

HARRY: What do you mean by bad?

DAVID: Well, when someone dies, everyone around them gets sad and cries. Nobody feels good, and sometimes they even get angry.

HARRY: All those things are OK to feel when someone dies. Feeling sad hurts. It hurts bad! But, after a while, the hurt can go away.

DAVID: *How* will it go away? Right now, I feel *awful!* Poor Mrs. Jones! Poor Bobby! (Slight pause as if thinking about things) Oh no!! What will I say to him if I seem him when school starts?

HARRY: Just be your usual self. Be a good listener if he wants to talk about it. That will help him more than anything.

DAVID: It will? (Slight pause) And do you think it would be OK if I reminded Bobby about the time his Dad helped me when I fell off my bike in front of his house? His Dad was *so* nice.

HARRY: Now I think you're getting the idea. (Put arm around David) Let's go get some lunch.

Suicide Prevention Center, Inc. THE WISHING TREE -- Category II

Synopsis

This skit features Tom and Joy discussing the death of Joy's father and her remaining feelings even two years after the death has occurred.

Concepts

It can take a long time to recover from death losses
Other people enter into your life, but they don't replace the person you lost
Anger and sadness are OK feelings to have AND to express
Good feelings can result from memories
The importance of talking about our own and listening to others' feelings

Emotions Expressed

Anger -- at the medical team for not saving her father
Sadness -- at the loss
Hope -- for the future

Performance

Props -- none
Characters -- two peers

Orientation

serious

TOM: You don't look very happy today.

JOY: I miss my dad.

TOM: Oh, c'mon. . .Your dad died two years ago!

JOY: Yeah, I know. . .but sometimes though I still wake up in the morning and expect to see him there.

TOM: Who wakes you up now?

JOY: My stepdad. He's nice, but. . .(Silence).

TOM: Does he try to pretend to be your real dad?

JOY: No. He says that I'll always remember my real dad, and that that's OK with him.

TOM: I liked your real dad better!

JOY: Me too! Those nurses and doctors tried very hard to save him, but I was still mad at them because he died. (Pause) I'm gonna be a doctor someday and save people!!

TOM: Maybe I'll be a nurse and work with you.

JOY: I think you'd make a great nurse. And if I become a doctor I think my Dad would be very proud of me! Dr. Joy. . .

TOM: I see your stepdad coming home. Let's see if he'll play ball with us.

Synopsis

This skit includes four short scenes which focus on the death of the beekeeper, who is succeeded by Sandy, the former helper.

Concepts

Although people die, others are there to continue
Remembering a person and what they meant to us is important
Death is a natural thing
How talking about our feelings helps

Emotions Expressed

Sadness at the death loss
Scared to begin new things
Remembering and missing someone

Performance

Props -- bees, beehive, bee protection hats, letter
Characters -- one young person, one adult

Orientation

serious

* This skit requires more props, preparation, and practice in order to be performed well.

(Flowers on backdrop. Bees go from one flower to the next. Beekeeper holds bees. Sandy does the bee sounds)

BEEKEEPER: (Looking around at the bees, doing little chores. Mumbles. . .) Hi ya, my sweets! Looking good, looking good.

SANDY: Hellow, Mr. Honeycutt, how are you today?

BEEKEEPER: Fine, thank you. You're right on time. You guys, I'd like you to meet our new friend, Sandy. She's gonna work with me so she can learn to be a beekeeper.

SANDY: (As bees swarm around her -- Beekeeper makes the buzzing sounds) Help! Don't let them get me! They won't leave me alone.

BEEKEEPER: It's OK, you guys, no one is going to hurt you. Sandy just wants to get to know you better. (Pause) It's kind of scary the first time. Try to say calm and you'll do just fine. (Bees begin to buzz Sandy again) That's fine.

SANDY: Now I'm not afraid. Bye, new friends. See you tomorrow. (Sandy does bee sounds -- Bees fly away with sign 1 WEEK LATER)

SANDY: (To side of stage reading a letter) Oh no! The beekeeper died! How can I ever tell the bees he's never coming back? They loved him so much! I'm going over there right now. They're gonna be sad because he's gone. I want to be there with them.

SANDY: You guys, the beekeeper died yesterday. You know he was very sick. And I think his body got pretty tired and it finally quit working and he died. He didn't want to leave you because I know he loved you very much. (Bees begin to get angry -- Beekeeper does the buzzing sounds.

I know how special he was to all of you and you will always remember that. Whenever you feel sad, you can think back to all the fun times you had together. That will make you smile again. They've asked me to take care of you because you have all become very special to me, too.

You know, I learned a lot of stuff from the beekeeper. I'm gonna miss him! I have to go home now, but I'll be back tomorrow.

SANDY: (Working with the bees) Hi. How you doing today? Looking good, looking good.

Close curtain -- Sandy talks with audience.

Synopsis

A young person is talking to a pet about missing a grandparent.

Concepts

Missing members of one's extended family when they die
How much saying goodbye means to all of us
Talking about feelings even to a pet (or stuffed animal) can make us feel better

Emotions Expressed

Sadness/grief
Regret at not being able to say goodbye

Performance

Props -- sand castles, waves
Characters -- a young person and their pet dog

Orientation

serious

* This skit requires more props, preparation and practice in order to be performed well.

Suicide Prevention Center, Inc. THE SAND CASTLE -- Category II*

(Trudi and her dog Cocoa are on a beach building a sand castle. Cocoa is barking.)

TRUDI: Oh, Cocoa, you're always barking at something!

COCOA: Yap!

TRUDI: Let's pile some more sand on this castle, the waves are beginning to wash it away.

COCOA: Yap!

TRUDI: You know, things are different this year without grandpa. It was so much fun to live with him each summer in the cottage.

COCOA: Yap!

TRUDI: I miss him so much. I feel so alone!

COCOA: (Looks at Trudi, nuzzles up to her)

TRUDI: Oh, Cocoa, I know that I still have you. It's just that. . .that I never got a chance to say goodbye to grandpa. That crash happened so fast!

COCOA: (Whines, sits closer)

TRUDI: When I look at this sand castle, I see grandpa.

COCOA: (Looks up, notices the waves are coming closer, begins to bark)

Yap, yap, yap, yap!!!

TRUDI: OK! OK! I see the waves. I'm going to let them come. . .come and wash away the castle.

(They lean against each other, watching the castle slowly sink.)

TRUDI: Bye, bye castle, bye grandpa. I love you.

Synopsis

Two flowers are primping and talking about the possible endings to their lives.

Concepts

Exploring the various ways to die, while opting to live life to its fullest in the meantime.
Other losses that we may have to face: separation, divorce, moving, fights with friends, etc.

Emotions Expressed

Sadness
Curiosity about death

Performance

Props -- none
Characters -- two flowers

Orientation

Humorous

(Two flowers primping, admiring themselves)

ROSE: Pansy, did you hear Mr. Frederick say we were beautiful when he was digging up the tulips!!?

PANSY: I was sad to see them leave. I thought we would all stay here forever.

ROSE: (Questioning) Pansy, didn't you ever wonder what will happen to us?

PANSY: I heard the trees talking once. It sounded as it we would just become brown. . .YUK!, and withered. . .OH-H-H, and eventually dry up and DIE!

ROSE: (Shocked) OH! NO! I don't want to do that! I want to stay beautiful.

PANSY: Well. . .I've heard that we can stay beautiful if we are cut from these roots and taken in the house, and put in a large vase with water.

ROSE: But we can't stay beautiful just sitting in water -- we'll die without sunshine, our roots and the outside air! And we'd miss our friends!!

PANSY: OK! OK! Well, how about being picked and mounted on a poster and being hung out on a wall for everyone to see?

ROSE: OO-OH NO! That's worse! We would still be taken away from our family of flowers and pressed up under a piece of glass and suffocated! That's murder!!

PANSY: Well, then, never mind! I'd rather stay here as long as I can, be beautiful as long as I can, and enjoy each day.

Synopsis

Two friends talk about losing someone special, one through moving and one through parental divorce.

Concepts

The feeling of grief can occur in many different types of situations.
Crying is allright.
Getting beyond the grief stage can take a long time.
Talking and listening are important.

Emotions Expressed

Grief -- various forms
Fear -- of inappropriate laughter and of being misunderstood
Frustration -- when things just don't seem "fair"
Helplessness -- when our actions cannot change a situation

Performance

Props -- none
Characters -- two peers or two animals

Orientation

Serious

Suicide Prevention Center, Inc. SOMETHING'S LOST -- Category III

EMILY: (Looking all over the stage) I've lost something!

NIKKI: You're always losing something!

EMILY: Yeah. . .but this time it hurts.

NIKKI: It hurts!? Well, tell me what you've lost, and I'll help you look.

EMILY: It's hard to describe. It's really not something, it's someone. We used to go for walks, he was funny, and very, very special.

NIKKI: What!? What are you talking about?

EMILY: Promise you won't laugh? I lost my friend. He moved away to Kentucky. But I can't find Kentucky, or him.

NIKKI: Believe me, I won't laugh 'cause I know what it feels like to lose someone. My Daddy doesn't live with us anymore since my parents got a divorce about a year ago.

EMILY: Oh, I'm sorry. Do you still worry about what happened?

NIKKI: Yeah, I do. And I still cry about it sometimes. I miss doing special things with my Dad. . .it's just not fair!

EMILY: I know what you mean. . .I didn't think it was fair when my friend moved away, but my mom says she wants me to understand that I can't always change what happens. Sometimes things just happen that make us feel sad.

NIKKI: Yeah, everybody keeps telling me I shouldn't feel sad anymore, and that I'll get over missing my Dad. But it's sure taking me a long time.

EMILY: Yeah, I know. But, you know, I think I feel a little better already just talking to you about it.

NIKKI: Me too. And I think it's OK for you to keep missing your friend, and especially remembering. If you tell me about your friend, I'll tell you about my Dad.

EMILY: OK. . .Well, Jimmy liked to play baseball, and we rode our bikes a lot. . .

DEATH/GRIEF

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Alternative Program   Project Lifesaver

Suicide Prevention Center, Inc.

LESSON PLAN: Grades 4-6

Purpose: To provide an alternative to the puppet show for those teachers who feel the puppet show is not appropriate for their class.

Objectives: will be the same as those for the puppet show format

The students will:

1. Identify the feelings which are common responses to crisis, grief, and loss;
2. Begin to develop an acceptance of these feelings, especially those not normally associated with grief and loss (i.e. fear, anger, guilt);
3. Begin to understand the value of talking about feelings with other people;
4. Begin to more fully comprehend the permanence and finality of physical death;
5. Share positive coping skills and knowledge of helpful resource people.

Outline 1: Alternative Program To The Puppet Show

I. Introduction
  - A. Kids today have to cope with many stressful situations.
  - B. Many kids have a hard time sharing their feelings in these situations.
  - C. Many kids don't have anyone to share those feelings with except friends.

II. Kinds of feelings
  - A. "Good" feelings are easy to share (ask for examples)
  - B. Other feelings are harder to share: scared, sad, angry We don't want to be embarrassed or hurt someone else.
  - C. Some of the most difficult feelings are those we have when we lose something or someone we love.

III. Losses
  - A. List on board
  - B. Differentiate serious from less serious losses: permanent, irreplaceable, hurt the most, hardest feelings to share

IV. Grief
  - A. All the feelings and reactions we have to a loss can be summed up by the word grief.
  - B. Stages of grief
    1. Lonely-scared-it didn't really happen
    2. Angry-guilty-confused
    3. Sad
    4. OK again-good memories
  - C. Physical reaction to these feelings -- eating, playing, sleeping, school work

V. Handling grief feelings (define coping)
  - A. Negative coping -- ignore, escape, deny
  - B. Positive coping -- face the situation, do something for yourself

VI. People to talk to (Students make up a personal list to keep.)
  - A. At home
  - B. At school
  - C. In the neighborhood/community
  - D. Suggestions by students

VII. Summarize -- stress sharing feelings with a responsible adult

SECONDARY LEVEL CLASSROOM PROGRAMS

Introduction

Although the factual material to be presented will remain the same, a variety of program formats are presented here. The teacher is then able to select the length and format most suitable to a particular grade level or group of students. The films which are included here are those which have been used effectively by the Suicide Prevention Center in classrooms throughout the Dayton area. Although several other well-made films are available, the films listed here focus on the key topics presented in the Lifesaver Program and are of a length which can fit into even a 45-50 minute class period. If a longer film is to be used, it is recommended that additional class time be scheduled to process the information adequately. (See appendix for film list.)

The following program options are included in this chapter:

1. Single period class presentations;
2. Three-day extended class presentations;
3. An 8-lesson Stress Management Program for Junior High Students;
4. Suggested activities for discussing grief and death in the classroom.

The above programs and activities are all suitable for use in grades 7-12. The needs of each group of students and the objectives of the teacher should dictate which are selected for use. Some recommendations for selection can be offered on the basis of the Project Lifesaver research and the field experiences of the Suicide Prevention Center speakers:

1. The research indicated a substantial increase in suicidal experiences at the eighth grade level, suggesting the advisability of intensive suicide prevention efforts in seventh and/or eighth grade. After the eighth grade year, the higher percentages shown below remained fairly stable through high school.

TABLE 1: SUICIDAL EXPERIENCE
Percent of Total Responses

	Seventh	Grade	Eighth	Grade
	Pre	Post	Pre	Post
Ideation	32%	33%	43%	47%
Attempts	6%	9%	10%	17%
Peer attempts	16%	21%	29%	41%

2. Field experiences complement the above research findings. Junior high students are enthusiastic participants in role plays and are far more willing to share feelings and opinions openly during class discussions than older adolescents.

3. The above suggestions do not negate the need for high school level suicide prevention programs. Even those students who participated in the program during junior high school would benefit from a "refresher" course. Suicide prevention materials can be used in a variety of high school courses such as sociology, psychology, anthropology, child development, and family living.

Outline 1: One and Three Day Classroom Presentations

- I. Dynamics of Suicide
  - A. Facts and statistics
    - 1. Rate increases of the 1980's presently stabilized, but still high
    - 2. Accidents and the suicide rate among teens
    - 3. High risk factors
      - a. Drug and alcohol abuse
      - b. Severe family problems
      - c. Survivors of suicide
      - d. Previous attempts
      - e. Perceived or real differences which set one apart from peers
  - B. The suicidal process
    - 1. Teen stresses and problems
    - 2. Feelings associated with these stresses and problems
    - 3. Attempts to cope (positive and negative)
    - 4. Perception of narrowing options ("tunnel vision")

- II. Warning Signs
  - A. Situational clues
    - 1. Loss (real or perceived)
    - 2. Prior attempts, even if minor
    - 3. Feelings of isolation, rejection
  - B. Behavioral Clues
    - 1. Risk-taking behaviors; more accidents than usual
    - 2. Withdrawal from relationships and activities
    - 3. Changes in habits or routine (eating, sleeping, personal care, etc.)
    - 4. Giving away possession or making "final preparations"; goodbye messages
    - 5. Mutilation or other self-destructive behaviors
    - 6. Death themes in written or artistic communication
    - 7. Sudden positive behavior change after a period of depression
  - C. Verbal clues
    - 1. Direct talk about suicide
    - 2. Indirect talk about hopelessness, futility of life, no sense of future, etc.

- III. Intervention
  - A. Ask directly
    - 1. Find out what has been happening and how the person feels as a result
    - 2. Ask about plans or strategies for coping
    - 3. Then ask directly, "Are you thinking about suicide?" Are you thinking about hurting yourself?"

B. Listen as a friend
  1. Listen to both CONTENT (what is said) and CONTEXT (the way things are said)
  2. Mirror the person's feelings about parroting
  3. Do not judge feelings, situations, or responses
  4. Do not negate the feelings
  5. Do not give unasked for advice

C. Tell
  1. Not an ordinary secret -- LIFE or DEATH situation
  2. Adult intervention is essential ot secure treatment

IV. Summary
  A. Signs
  B. Intervention (ASK-LISTEN-TELL)
  C. Give handouts with local referral sources

Single Class Period Presentations

Any of the following activities can be used within the context of the basic outline to enhance interest and facilitate learning and retention of content.

Films

Understanding Suicide, Sunburst Films

Part I: Tommy's Story -- Use to reinforce the dynamics of the suicidal process and to focus on the feelings and responses of the suicidal individual. The story focuses on Tommy's family problems, his feelings, negative coping, and his parents' reaction to his suicide attempt.

Part 2: Getting Help -- Use to introduce or reinforce the suicidal warning signs.

But Jack Was a Good Driver, McGraw-Hill Films

Use to introduce or reinforce the suicidal warning signs and to talk about the feelings of the survivors after a suicide completion.

Did Jenny Have to Die? Sunburst Films

Use to reinforce the dynamics of the suicidal process and to focus on the feelings and responses of the suicidal individual. This film also includes many of the suicidal warning signs.

Activities

One Minute Rap Sessions: These are a good way to set the group at ease at the beginning of the session and also provide an introduction to the dynamics of the suicidal process. Instruct the students to select a partner and to decide who will talk first. Tell them that they will have one minute to tell their partner of their own experiences with stresses and problems. At the end of one minute, switch roles, allowing the listener to become the talker for the next minute. Then allow the partners a minute to decide what part of the new information they are willing to share with the group. Spend a few minutes in voluntary sharing by having each tell what he or she heard the partner say.

If time permits, repeat the process, this time talking about the feelings teens experience when under stress or facing problems.

If time is short, the one minute can be reduced to thirty seconds.

Suicide is a Boxed-in Feeling: Draw a stick figure on the chalkboard or overhead projector. Ask the students to suggest a problem that person may be having at home and the feelings that may be experiencing as a result of the problem. Draw one side of a box near the figure and label it with the problem and feelings. For example, if the problem is parental alcoholism, the feelings might be guilt, anger, hatred, embarrassment, and fear.

Then ask, "If this person takes all these feelings with them to school, what may happen?" Students will often suggest bad grades, not getting along with teachers, picking fights, etc. Build a second side of the box using one of the suggested problems and resultant feelings. Use that as a basis for the next problem (third side), which in turn serves as the basis for the final wall.

Then ask, "As a result of all this, how do you think this person is feeling about his or her life and relationships?" You will be looking for such terms as hopeless, out of control, failure, lonely, etc.

Make the connection between these feelings and suicidal feelings. The suicidal individual often feels trapped and begins to believe that they have no options for changing the situation.

The Weight of the World: This activity is similar to the one above, but uses a student to illustrate the point. You will need a number of small weighted objects, such as bean bags, curtain weights, etc. Objects should become increasingly heavy as the activity progresses.

Ask a student to come to the front of the room and hold out their two hands together, plams facing upward. As each problem is suggested by class members place a weight in the student's outstretched hands. Continue until the weight begins to have an effect on the student's posture or ability to continue holding the objects.

Feeling "weighted down" by one's problems is a symptom of depression. Although all depressed people are not suicidal, many suicidal people do speak of feeling "depressed" as a result of their situation or problems.

Values Exercises: These worksheets, in the form of coroner's reports, present the students with brief cases of adolescent death. Students are asked to evaluate the cases to determine whether the death was due to suicide. Cases include problems, situations, risk factors, and suicidal warning clues. This exercise is most effective if the cases are discussed by small groups first, then the results of the discussion shared with the entire class. It is important to emphasize that there are no "correct" responses, only an evaluation of the available evidence.

Case Studies: Case Studies are similar to Values Exercises, although the situations involve suicidal ideation or suicide attempts, not completed suicide. Again, small groups can discuss the cases, then meet with the larger group to share responses. A teacher's guide is included for each sheet.

Three-Day Extended Program

The advantage of the extended program is that more time can be allotted for sharing feelings and experiences and asking questions. It is also possible to include a wider variety of experiential activities.

The extended program uses the same basic outline and suggested activities as the one day program.

DAY 1: Dynamics of Suicide

Outline: Section I

Suggested activities: Values Exercises
One-minute Rap Sessions
Suicide is a Boxed-in Feeling
The Weight of the World

Note: The Rap Sessions provide a good lead-in to Boxed-in Feeling and Weight of the World, if time would permit the inclusion of two activities.

DAY 2: Warning Signs and Intervention

Outline: Sections II and III

Suggested activities: Case Studies
Values exercises (if not done on Day 1)
Film

Plan ahead: Assign parts and distribute role play scripts so the actors will have time to prepare for Day 3. Two scripts usually can be done in a 45-55 minute class period.

DAY 3: Review/Summary

Outline: Section IV

Perform role play scripts

Secondary Level Case Studies
Sheet A

DIRECTIONS:

Read and discuss each case with your small group. HIGHLIGHT or UNDERLINE the warning signs of suicidal behavior, then ANSWER the questions which follow.

When everyone is finished, your responses will be shared with the rest of the class.

CASE 1:

A person in your class seems to be having a rough time. She is popular, but lately doesn't say much, and you've noticed her crying in the restroom between classes. In art class all her pictures are sad. They a show a family torn apart. When you asked her about th[illegible] she told you that her parents were getting a divorce and she doesn't know who she will live with afterwards. Today she dropped her purse and several razors fell out. Just now she stopped by your locker to give you a painting and some of her art supplies. She told you to keep them and thanked you for caring about her.

Who could you tell about this girl's situation?

What can you say to her to persuade her to seek help?

CASE 2:

Your friend's mother calls you. She says she just found three notes, all talking about suicide, and one of them is addressed to you. She asks you what has been happening at school lately that might upset him. You know that his girlfriend just broke up with him and that he has been in a bad mood ever since. He doesn't even take his tests. He just puts his name on them and turns them in. The past few days he has been talking a lot about a friend who died in a car accident last year.

Why is it essential for you to give this information to his mother?

What can you say to your friend when he asks why you told his mother everything?

CASE 3:

Mike's parents divorced several years ago. Recently his mom remarried and his new family now includes a stepfather, an older stepbrother, and two younger stepsisters. Things just aren't the way they used to be when it was just his mother and himself. Now it seems that everybody's always fighting. For awhile he confided in you about his feelings, but now he seems to want to spend more and more time by himself. Yesterday when you went over to his house he had a gun out, which he said he was cleaning. You know that he has never liked guns and didn't even know he had one.

What can you say to Mike to find out whether the gun is part of a suicide plan?

What should you do if he tells you that it is?

Teacher's Sheet A

Case 1:

Warning signs -- quiet lately; crying between classes; sad art pictures; razors; gave away a painting and supplies; thank you for caring.

Since the suicidal warning signs were observed in school, someone there may be a good resource. The art teacher may be able to talk with her about her drawings, the counselor or a favorite teacher may also be able to help.

Because a suicide method appears to have been selected, time is important. If she is still in the school building, an adult should be alerted immediately and she should be accompanied by this or another adult until her parent(s) are notified and arrive for her. Before she leaves the school, definite plans should have been made for her to receive a proper assessment and a referral for treatment.

If she has already left the building, her parents must be notified at once and every effort made to locate her as quickly as possible.

A friend may be instrumental in persuading her to seek help. As a friend, you could ask her about the painting and supplies -- "You must have given these to me so I would never forget you. What are you planning to do? Where are you planning to go?" Listen to what she tells you and help her focus on her feelings about her parents' divorce. She may be thinking that a suicide attempt would bring her parents back together or make them sorry for hurting her so much. She may also be feeling many emotions -- anger, hurt, rejection, confusion, guilt, etc. Reassure her that these are normal but that they are very painful and she may need help in working through them. Suggest that she accompany you to the counselor's office, a teacher's classroom, or home to talk with her parent or yours.

Case 2:

Warning signs -- suicide notes; loss of girlfriend; bad mood; not taking tests; talking about a friend who had died

Secrecy cannot be maintained in any situation involving the life or health or another person, no matter how frightened you or they are of the consequences of revealing information to an adult. The information which the friend can provide may prevent the mother from assuming that the notes are "just a joke" and not something to be taken seriously.

Many young people who have been in similar situations do fear the loss of a friendship because they have revealed a confidence or "told on someone." However, most report a positive outcome to the situation once the suicidal friend actually begins the recovery process. Although losing a friendship (even if only temporarily) is extremely painful, the alternative is losing a friend to death, which is far worse.

Case 3:

Warning signs -- remarried family having adjustment problems; withdrawal from peers; possession of a gun with no known gun experience.

Someone must ask Mike directly whether the gun is a part of a suicide plan. The friend who walked in on him while he was "cleaning" the gun is in an ideal position to ask this, since both he and Mike know that Mike does not usually use a gun.

Mike should not be left alone with the gun for any length of time and help should be sought immediately, especially if Mike affirms the purpose of the gun for a suicide attempt. Even if he does not, Mike's parents need to know what has been happening and that Mike may be suicidal so that help can be obtained. The gun should be removed, although everyone involved must realize that if Mike is serious about attempting suicide, he will find another method.

Sheet B

DIRECTIONS:

Read and discuss each case with your small group. HIGHLIGHT or UNDERLINE the warning signs of suicidal behavior, then ANSWER the questions which follow. When everyone is finished, your responses will be shared with the rest of the class.

CASE 1:

Mark's parents recently divorced and he is now living with his father on the other side of town. You continue to see him on weekends. Last Friday night you went to a ballgame together. During the game Mark began drinking heavily. You tried to stop him and he became very angry with you. When you were walking to your house he kept running out into the traffic, and several cars just missed hitting him. You tried to talk some sense into him, but he just kept saying, "Leave me alone. I just want to die."

Why does Mark's drinking put him at a serious risk for suicide?

Since he is spending the night at your house, what steps can you take to help him?

CASE 2:

Sara has been spending a lot of time at your house since her baby sister was born eight months ago. She complains that no one seems to care about her at home anymore. Two months ago she confided in you that she thought that she was pregnant and was very excited about it, although she hadn't told her boyfriend yet. Last week her boyfriend broke up with her. Today in the restroom you noticed several bottles of presecription pills in her purse. When you asked her about them, she said that she had seen a doctor, was three months pregnant, and that they were for pre-natal care. She said she had not told anyone about the baby and made you promise that you wouldn's say anything either.

Do you think Sara is suicidal? Why did you respond this way?

Should you keep Sara's secret? How could you alert an adult to her crisis?

CASE 3:

Your best friend tells you that one of her teachers is always picking on her. She used to be a good student, but now she is getting terrible grades. Lately it seems that she has been trying to start fights with everyone -- her parents, her teachers, her friends, and now you. You think it might be because of the drugs she's started taking, but you're afraid to ask. Today she brought one of her favorite tapes to school and left it in your locker with a note: "This is for you to remember me by. It was always one of our favorites. I'm so glad I had a friend like you."

What can you say to your friend when you see her?

What steps can you take to see that she gets help?

Teacher's Sheet B

CASE 1:

Warning signs -- drinking; running into traffic; saying he wants to die; has had to move and change schools as a result of his parents' divorce.

When alcohol or drugs are involved, the idividual is at much higher risk. It is estimated that about 70% of teens who attempt or complete suicide have been drinking or using at the time of the suicide. While under the influence a person's judgement is impaired, problems and feelings seem more intense, and there is a higher probability of an impulsive suicidal act.

Mark's friend should get him home as quickly as possible. Both sets of parents need to be reached as quickly as possible. Mark should not be left alone. His friend should try to make him comfortable (he may fall asleep from the effects of the alcohol) and if possible keep Mark from further drinking.

Case 2:

Warning signs -- feels that no one cares about her; pregnancy; loss of boyfriend; loss of place in her family since the birth of a sibling; method available; asked for secrecy.

Sara may or may not be truly suicidal. She may not want to die, but may make an attempt in order to get the attention of her parents since she is unable to tell them directly about her pregnancy.

No one should keep a secret like this. Even if Sara is not considering suicide, she will need adult help in dealing with her pregnancy. She could also become suicidal as she begins to "show" and the news of her pregnancy becomes inevitable.

Someone at school could be alerted about the pills or her mother could be contacted. The mother may be so wrapped up in dealing with the new infant that she is unaware of, or unable to cope with, Sara's loneliness and alienation. It may also be possible to contact her physician or the health center where she obtained the pills.

The friend must tell Sara in no uncertain terms that such a secret is too serious to be kept. Her health and the health of her baby may be endangered without proper medical care, she will need help in caring for a newborn, assistance in getting a job or staying in school, etc. But don't assume that Sara will seek help on her own -- tell someone as quickly as possible.

Case 3:

Warning signs -- feels that teachers pick on her and gets bad grades; starts fights with everyone; gave her friend a tape and a "goodby" message; drug use

Ask your friend what she meant by giving her a tape "to remember me by." Why do I need to remember you? Are you going away somewhat?" Talk to her about her behavior and how it seems that she is trying to get people to pay attention to her. Ask her directly about suicide plans, methods, etc.

Talk to the people she has been fighting with -- especially her parents and teachers. Let them know about her drug use and about the note.

Role Play Scripts

#1 Yvonne

As the role play begins, Janet goes to her locker and finds several tapes with a note rubber-banded around them. Puzzled, she removes the note and turns to read it aloud to the audience.

Janet:

> "These are for you. I won't be needing them anymore. My life is a mess and I have to straighten it out. You have been my best friend. Goodbye."
>
> Just then the class bell rings. Janet stuffs the note and tapes into her purse and hurries to class, arriving just at the teacher is beginning to pass out yesterday's tests.

Teacher:

> All right, class. The bell rang so settle down. I have your tests graded for the most part, they aren't bad.
>
> (To Janet, who tries to sneak in late.) You come in late one more time, young lady, and you can just go straight to the office.
>
> (To Yvonne who is already in her seat.) Yvonne, this isn't your usual good work. What happened?

Yvonne:

> (shrugs her shoulders) I don't know.

Teacher:

> (quietly) Why don't you stay a minute after class? We'll talk about this then.

After class: The bell rings. Yvonne hurries out without talking to the teacher. Janet catches up with her in the hall.

Janet:

> Yvonne! Wait, I'll walk to lunch with you.

Yvonne:

> I'm not hungry.

Janet:

> Aw, come on! Today's pizza and that's not half bad.

Yvonne:

> No really. I have to go to the library. I've got a report due tomorrow.

Janet:
On what?

Yvonne:
I don't know. Who cares anyway? I'll never finish it. (Angrily) I'll never even start it.

Janet:
What do you mean? You just said you were going to the library.

Yvonne:
Yeah. Well, maybe I'll never even make it.

Janet:
(pulls the tapes and note out of her purse) Does this have anything to do with it?

Yvonne:
(Remains silent)

Janet:
Your note says "goodbye." What did you mean? Where are you going?

Yvonne:
(Still no response)

Janet:
God, Yvonne, are you planning to kill yourself or something?

Yvonne:
I don't know. Maybe. Oh, Janet, you just don't know how bad it is for me.

DISCUSS: What clues to her suicidal feelings has Yvonne given? What should Janet do or say now? Where can they go to be alone to talk?

A few minutes later, in a quiet location:

Janet:
You said things are really bad for you. I know your grades have been the pits lately. I'll bet you flunked that math test we got back today. That's why you were supposed to stay after class, right?

Yvonne:
Yeah, but that's not the half of it.

Janet:
What do you mean?

Yvonne:

There's no way you could understand it! You still have your parents and they both love you. I've got nothing.

Janet:

You mean since your parents got divorced? I guess things are pretty rough at your house these days.

Yvonne:

Rough! Sure, but nobody care how I feel. I may as well not even exist, except to work around the house. That's all anyone needs me for. If it wasn't for that they wouldn't care if I was dead!

Janet:

You sound pretty desperate. But suicide? That's scary.

Yvonne:

What difference would it make? Mom's always working. She says she doesn't know how her job will ever keep food on the table. Let alone shoes on our feet and all that. Dad doesn't visit or anything. I can't do anything after school because I have to stay and watch Evan so we don't have to pay a babysitter so long. I can't even get my homework done, or talk on the phone, or anything! All I'm good for anymore is babysitting and doing dishes. Let somebody else do it -- I've had it!

Janet:

You mean nobody helps you? What about your sister? What does she do?

Yvonne:

Nothing. Well, she gets the groceries and gets Evan to school and stuff, but she's got a job after school and a boyfriend and all. It's just hopeless!

Janet:

You do need help, girl! Does anyone else know you feel this way?

Yvonne:

No, you're the first one I've told. I just don't know what to do!

DISCUSS: What are Yvonne's problems? How does she feel as a result? How does she feel about herself? Her family? Which problem is the most solvable? What are some of the ways Yvonne can begin coping with the other problems? Who can Yvonne begin talking to?

Emphasis: The math teacher or the school counselor may be excellent resources since they can contact the mother on the premise of Yvonne's bad grades.

#2 Sam

Jeff:
Hey, Randy, wait up! I've got to talk to you.

Randy:
What's up?

Jeff:
You got time? I mean to talk?

Randy:
A little. I've got practice in twenty minutes.

Jeff:
It's really important. It's about Sam.

Randy:
My brother? What about him?

Jeff:
Well -- uh -- I don't know really. He's just acting kind of weird.

Randy:
So? What's new?

Jeff:
No, this is different. I mean -- well -- I know this sounds really stupid, but in health class a couple of weeks ago we talked about suicide and, well, Sam is doing some of the stuff we talked about.

Randy:
What stuff? What are you talking about? Did he say he was going to kill himself or something?

Jeff:
No, not really. But he just doesn't care about anything anymore. Like yesterday. We had practice for the team tryouts and he didn't show up. When I asked him where he was, he said he didn't want to play this year.

Randy:
So?

Jeff:
There's more. He's in deep trouble with Mr. Ellis in science. He didn't do his lab assignment last week and today when it was his turn to give his report, he said he didn't have time for "crap like that."

Randy:
He said that? To Mr. Ellis?

Jeff:

Yeah. So now he has detention on Friday morning. But he told me it would never happen. That he wouldn't be here by Friday. I asked him what he meant and he just said, "You'll see. You'll all see."

Randy:

Now that you mention it, he's been pretty weird at home too. He and dad really got into it last night. I don't know what about, but it sounded really wicked. Probably Sam's mouth -- he's been like that a lot lately.

Jeff:

Like mean?

Randy:

Yeah, and then he gets real moody and holes up in his room.

Jeff:

What are you going to do? Mrs. Anderson says you have to do something.

Randy:

Do? I don't know, but I will do something right after practice. I promise.

DISCUSS: What can Randy say to get Sam talking?

Later that evening:

Randy: (Knocks on Sam's bedroom door.) Hey, we've got to talk.

Sam:

Go away. I'm busy. I've got homework.

Randy:

Yeah, and detention and a mess of other stuff.

Sam:

Who'd you talk to? Jeff?

Randy:

Yeah. He's pretty worried about you. And so am I. Let me come in a minute.

(After a long pause, the door opens.)

Randy:

Wow! This place is the pits! When was the last time you took your dishes down to the kitchen? Open the curtains -- this place is a dungeon!

Sam:

(Grabbing the curtain from Randy) No! I like it that way. And I'm going to clean up, before Friday.

Randy:

Friday? That's the day you have to detention for Mr. Ellis, right?

Sam:

Yeah, but I'm not going to be there.

Randy:

What do you mean? You told Jeff that, too.

Sam:

Aw, nothing. So what did you want to talk about? Hurry up, I've got plans.

Randy:

What kind of plans?

Sam:

Private, so bug off!

DISCUSS: What can Randy say now? How can he bring up suicide without causing Sam to clam up?

Randy:

In a minute. But first I've got to know something. Jeff is worried about you and he's got me worried, too. He says you've been really messed up at school lately and that you aren't going out for basketball this year. The other day you and dad really got into it. And now you're talking about Friday like something really big is going to happen. I'm not leaving here until you tell me what's going on. (Sits down in a chair.)

Sam says nothing, so Randy continues.

Randy:

I'm scared, Sam. What's going on? What are you planning to do on Friday?

Sam:

I don't know, exactly. But I'll tell you this -- I won't do that detention, I can't . . ,

Randy:

Why not?

Sam:

Because dad said if I screw up again I have to go see some counselor. I'm not crazy and I don't need a shrink! Mrs. Armstrong even said that.

Randy:

Mrs. Armstrong? Your health teacher?

Sam:

Yeah, she said lots of people feel like I do, but they're not crazy -- they're depressed.

DISCUSS: What can Randy say to help Sam focus on his feelings?

Randy:

I guess you're telling me you feel depressed, too. You're really scared of what dad might do, too. And you look like there's more. What else are you feeling right now?

Sam:

I don't know. (Hesitates for a second.) Kind of the way Mrs. Armstrong said when she was telling us about (pause) suicide. God, I feel so stupid saying this. Like her movie or something.

Randy:

No, you don't sound stupid. But do sound worried and scared. Jeff said he thought you might be thinking about suicide, but I thought he was just letting his imagination get to him. You know, because you guys heard all that suicide stuff in class.

Sam:

Well, I really do sometimes feel like that, at least lately. I don't know what to do.

DISCUSS: Use problem solving steps: How is Sam feeling about his situation? Himself? His father? His brother? What fear is keeping him from seeing alternatives to suicide? What can Randy say to help Sam begin to consider other alternatives? What are the alternatives?

#3 Jenny

Scene:
At a home party.

Susan:
Where's Jenny? She was here a few minutes ago.

Steve:
I don't know. She had a fight with Rick and ran out the back door.

Susan:
What happened?

Steve:
I don't know for sure. Except that Rick's really sick of her moaning and pouting. I mean, she's not moving until the end of August. That's almost two months away. She ought to be having fun while she can. (pause) Here comes Rick. Ask him where she went.

Susan:
(to Rick) Rick, Steve says you and Jenny had a fight. Where did she go?

Rick:
I don't know, and I'm not sure I care, either. She's not going to get to me that way!

Susan:
What way?

Rick:
She's talking nuts! I mean, I know she's bummed out about moving, but she says unless her parents let her stay here she's going to kill herself!

Susan:
Kill herself? Do you think she's serious?

Rick:
I don't know. She's got a bottle of some kind of pills. She said they're pain pills that her brother got when he broke his leg. She said maybe if she took those and got real sick people would know she was serious. I told her that I was going to tell her mom. That's when she got mad at me and ran out.

Susan:
We've got to find her. What if she really does it?

As Susan and Rick leave the room to go look for Jenny, Steve returns.

Steve:

Susan! Rick! Wait up! Jenny's in Jeff's car. The doors are locked and she won't get out. She's ok, though, she's just sitting there crying.

Susan:

(to Rick): Let me go, Rick. She's probably still mad at you. Wait on the porch. I'll yell if we need you.

Susan goes to the car and knocks on the window.

Susan:

Jenny, Jenny, let me talk to you. Come on, please? (Jenny ignores her.) Jenny, just roll down the window, just a little. (Jenny finally rolls down the window a few inches.) Jenny, Rick told me what happened with you two. He's scared -- and so am I. Please let me get in the car with you so we can talk.

DISCUSS: Jenny may be relucant to say much at first, or she may be crying too hard. What can Susan say and do to get things started?

Susan:

(Extending her arms toward Jenny.) Oh, Jen, you're my best friend. I don't want you to move either. But I don't want you to die.

Jenny:

(If Jenny is comfortable with it, she may allow Susan to hug her. Or she may just lean closer, or even pull back a bit.) But how can I keep on living? This is my only home -- you're my best friend. I've been here since second grade. I'll never have friends like this again. And I'll never love anyone but Rick. If I can't stay here, then I may as well be dead.

Susan:

I think I understand how you feel. I've never had to move, but I know I don't want to, either, and I know I'd feel awful if I had to leave here. I don't know what to say, Jen. But you'll always be my best friend. We can write and you can come and stay with me on vacations and stuff.

Jenny:

I know, my parents keep saying that, too. But it's not the same. So if you're really my best friend, you'll understand why I have to do it. I mean, I won't die. I promise. But if my parents see that I mean it maybe they'll let me stay. I could even live with you. We'd be like sisters.

DISCUSS: How is Jenny feeling? How is Susan feeling? Is Jenny's solution realistic? How might it backfire? What can Susan say to help Jenny see other choices?

Susan:
Oh, Jenny, I wish you were right. But it's scary. And it might not work. You could take too many pills, or be allergic to them or something. You really could die. And your parents would never let you stay without them, even if my parents did say yes.

Jenny:
(After a long pause) Maybe you're right. It's a dumb idea. I won't do it, but you've got to promise not to tell anyone what I said tonight.

Susan:
I don't know, Jen. How do I know you won't change your mind?

Jenny:
We're friends. Friends trust each other. So -- are you going to be my friend and promise?

DISCUSS: Is this the same as a person asking you to promise not to tell about their suicide plan? Should Susan promise?

Susan:
Jen, you've got to try to understand how I feel. You're my best friend and I love you. I don't want to hurt you or embarrass you. But you still don't want to move and I'd still be worried about you. And what about after you move? What if you felt like killing yourself when I'm not around? If you did it and I knew about it but didn't tell -- I couldn't stand it!

Jenny:
But you can't tell my parents. They'll be so mad at me. They're already mad at me because of my not wanting to move.

Susan:
Then what about my mom? You like her and she likes you. Remember how she helped you when your grandma was in the hospital and your parents thought you were too young and too upset to see her like that? Remember how mom helped you convince your parents that it would be ok?

Jenny:
That was different.

Susan:
I know. But would at least talk to mom? Tell her what you told me -- how you feel and all. Just give her a chance, that's all.

Jenny:

I don't know. Maybe.

Susan:

Well, even if you don't, I have to. For me. You've been talking about hurting yourself and I have to at least tell mom that I'm trying to help you. So that she can help me. So what do you think? Will you come home with me?

DISCUSS: What if Jenny refuses to go home with Susan?

STRESS MANAGEMENT PROGRAM

Introduction

The stress management project for junior high level health students was conceived as an attempt to focus on the primary level of intervention: the true prevention level. By learning how to deal positively with stress, the student is afforded a means to better circumvent depression, and ultimately, self-destructive behaviors.

It is hypothesized that the core characteristic of the adolescent stage is that young people have not yet lived long enough to develop enough positive past experiences to buffer negative effects of growing through adolescence (Giovacchini, 1981).

To the emotionally healthy youth who has developed some positive coping skills and has a good support system, the stages of adolescence may not prove overwhelming. However, the youth who has felt loss, and continues to feel helpless or hopeless, who has developed no or negative coping skills, who is devoid of an adequate support system, may easily fall into depression and can frequently become a suicidal candidate.

The Suicide Prevention Center stress management program for junior high level students proposes to foster the goal of universal health literacy through the following overall course objectives:

1. Gaining a better knowledge and understanding of self;
2. Recognizing and dealing with stress and stress factors in one's life;
3. Integrating and applying positive coping skills/techniques with one's experiences to reduce stress levels; and
4. Fostering self-esteem.

Overview

The stress management program is designed to be incorporated into health classes at the junior high level. It consists of eight consecutive lessons presented over ten class periods of approximately fifty minutes each. Although the program is primarily intended to impact on the student, direct or indirect material for education of school staff and parents is also included.

The following is a general outline of the topics covered during the eight lessons:

I. What is Stress? (1 1/2 class periods)
II. Communication and Coping Techniques (1 1/2 class periods)
III. Self-Esteem and Controlling Stress (1 1/2 class periods)
IV. Clinical Discussion of Stress
V. Problem Solving
VI. Family Issues
VII. Peer Relationships (1 1/2 class periods)
VIII. Where Was I?/Where Am I?/Where Am I Going?

Each individual lesson format provides an opportunity for the teacher:

1. To examine the current experiential base of the student;
2. To introduce a positive coping skill;
3. To help the student integrate and apply the new skill within the scope of his/her life experience; and
4. To foster a new, healthier perception of potentially stressful situations.

Pilot Program During the pilot project it was proposed that the Adolescent Outreach Coordinator of the Suicide Prevention Center work in cooperation with one health teacher during the initial presentation of the program at a given school. That teacher would in turn act as a resource for other health teachers in the school in presenting the program on an ongoing basis.

Two schools were chosen to pilot the project. It was presented to a class of 29 seventh graders (School A) and a class of 15 eighth graders (School B) during the fall semester of 1984.

Course Evaluation Following the presentation at the two schools, the students were requested to complete the course evaluation form on the reverse side of their individual lesson assessment sheets, and return them to their regular teacher who would in turn forward them to the Suicide Prevention Center. The evaluation required that the students rank various factors on a longitudinal 0-10 scale.

Thirty seven evaluation sheets were returned from a total population of 44 students. On the whole, the program was well received and received a good rating from respondents.

The following sheet summarizes the response averages for the individual schools, as well as an overall average, for the first five factors considered. The actual responses for items 6-10 are recorded, combining the totals from both schools.

STRESS MANAGEMENT COURSE EVALUATION

1. Overall I consider the course: Schl A-8.02, Schl B-8.88, Both-8.23
Excellent Poor
10 0

2. The work of the instructor(s) was (were): Schl A-9.04, Schl B-9.37, Both-9.13
Excellent Little
10 0

3. The objectives were accomplished: Schl A-8.04, Schl B-8.38, Both-8.13
Fully Little
10 0

4. I can use what I learned: Schl A-6.79, Schl B-8.38, Both 7.19
To A Great Extent Little
10 0

5. The written materials used were: Schl A-7.79, Schl B-8.00, Both-7.84
Excellent Poor
10 0

6. The length of the course was: (No answer-5)
Too Long-2 Fine-25 Too Short-4

7. The level of presentation was: (No answer-5)
Too Complex-1 Fine-30 Too Simple-1

8. The balance of lecture (thinking) versus practice (doing) was: (No answer-8)
Too Much Lecture-4 Fine-25 Too Much Practice-0

9. The pace of the course was: (No answer-7)
Too Slow-1 Fine-26 Too Fast-3

10. I would 25 /would not 2 recommend this course to others. (No answer-10)

SUMMARY OF LESSON PLANS

LESSON I

Stress is an everyday fact of life. We cannot escape it. It can be caused by emotional, physiological or environmental factors. Stress is neither intrinsically good nor bad. How we handle stress is more important. Recognition of stressful situations and factors is the first step in positively coping with stress.

LESSON II

Effective interpersonal communication involves being able to both speak assertively (without resorting to aggression or passivity) and listening empathetically.

LESSON III

We learn who we are through an honest assessment of strengths, limitations, values and feelings.

LESSON IV

Chronic stress may result from accumulated physiological stress reactions (fight or flight response). Practicing relaxation techniques can combat this effect.

LESSON V

Solving problems requires defining the problem specifically, refuting irrational ideas, and promoting rational thinking.

LESSON VI

Recognizing the areas of communication breakdown within the family gives us a place to start building a better foundation for communication. Feedback can be used to gain new or different perspectives to a problem.

LESSON VII

Recognizing the values and limitations of peer relationships and peer pressure can help us place self-esteem first in situations which go against our own personal values.

LESSON VIII

School problems and pressures can be faced by defining the problems, prioritizing our time, and using active coping techniques.

Discussion of future problems, including nuclear threat, help take some of the fear from the unknown.

Course overview and wrap-up.

STRESS MANAGEMENT SESSIONS

NAME OF SESSION		TOPICS COVERED
I.	"Uptight?"	What is stress? How is it handled?
II.	Let's Talk About It. . .	Communication skills and coping techniques
III.	I'm OK -- I Can Handle It	Self-esteem and controlling stress
IV.	My Body Betrays Me	Clinical discussion of stress
V.	2 + 2 = PANIC! !	Problem solving techniques
VI.	Is It Really Home-Sweet-Home?	Family issues
VII.	". . .But Everybody's Doing It!"	Peer relationships
VIII.	Where Am I Going?	School and future issues Course wrap-up

LESSON I: "Uptight?"

Objectives:

- to recognize stress or potentially stressful situations
- to identify present coping skills
- to identify stress in their own lives as an active coping technique toward dealing with a given situation

Resources:

- Davis, Martha, Elizabeth Robbins Eshelman, and Matthew McKay. The Relaxation and Stress Reduction Workbook. Oakland, California: New Harbinger Publications, 1982.
- Coles, Robert M. "Mastering Adolescence." in Stress. Blue Print for Health. Volume XXV, Number 1, 1974.
- Fluegelman, Andrew, ed. The New Games Book. New Games Foundation. Tiburon, California: Headlands Press, 1976.
- Film -- Norman Krasner, Beloved Husband of Wife Erma. MTI Teleprograms.

Background for the Educator:

Stress is an every day fact of life. Whether it stems from getting the kids off to school on time, meeting job deadlines, worrying about rent or mortgage payments, or facing potentially life-threatening situations, we cannot avoid stress.

Although stress situations are usually interpreted as negative, even positive events such as weddings, vacations, or the purchase of a new home can produce the stress which accompanies change.

Adolescents in particular are subject to enormous amounts of stress. During this period of their lives they are gradually moving toward a greater understanding of who they are, what they want to do, how (and with whom) they would wish to spend the rest of their lives; but there are static moments, lapses, and sudden inexplicable spurts. While attempting to accomodate the tremendous physiological changes that their bodies are experiencing, they are additionally exposed to the external stress that parents, peers, educators, and society impose by dealing out conflicting statements: "These are the best times of your life!" or "If you don't work hard now, how do you expect to get into college?" We urge them to delay various forms of gratifications, and yet exhort them to act like men and women with regard to accepting responsibilities. Is it any wonder that the youth of today complain that we treat them like children one day and adults the next?

Adolescents, like all people, experience stress through three basic sources: mental, environmental and physiological. All three sources, and corresponding coping techniques, will be discussed at a more in-depth level later in this unit.

Today's lesson attempts to focus on the recognition of stress in the student's life. One must first learn to recogize a stressful situation in order to cope with it actively and effectively. This requires self-reflection and an honest assessment of feelings on the part of both student and teacher. To that end, it is important for the teacher to provide an open, non-threatening atmosphere where honesty can thrive, where feelings are neither right nor wrong but simply exist, and where the "shoulds" of life are left outside the classroom door.

In addition to stress recognition, the methods of handling stress must be examined. Does one's manner of "coping" involve reducing stress positively, or does it ultimately exacerbate the situation? Through an awareness of present coping behavior a student can learn to modify or exchange those techniques which are negatively based or which produce negative reactions, for more positive skills which can serve them as an inner resource throughout their lives.

I. Getting Started

I wonder what this class is going to be like?
I wonder if I'll know anybody. . .
Will I be able to contribute?
Who ever heard of stress for kids. . .?

As long as people are preoccupied with these questions, concerns, and fears, they will not function as a group. Therefore, begin with the game "Introductions" from the book Playfair, or another comparable icebreaker.

II. Define

Stress -- what is it? Ask the students for examples and list them.

Advantages and disadvantages of stress.

Where does stress come from?
Ask each student to prepare a two-minute speech on the topic. At the end of that time period (perhaps 2-3 minutes) ask one student to come to the front of the room to present their speech. Allow him to continue for 20-30 seconds, but then tell him that he may stop if he wishes.

Ascertain whether the speech preparation was a stressful situation. What factors cause stress:

Environmental	Physiological	Mental
How did you feel when asked to prepare the speech?	What reaction did you feel while presenting the speech?	How did you react to the teacher for asking?

III. Film -- Norman Krasner, Beloved Husband of Wife Erma
Break into small groups to determine what points of stress Norman encountered during his episode. Discuss what happens when stress builds up -- crisis.

IV. Stress Self-Diagnosis Instrument from Krasner.
Allow students time to complete the instrument.
Discuss stress scores.
How do we individually handle stress? Current methods of coping -- positive, negative.

V. Coping through honest recognition of stress
Identify stress points in student's lives (they should do this on their own).
Stress honesty necessary to self-assessment.
Stress the importance of correctly identifying their feelings.

VI. Wrap-Up

Sometimes it is necessary in an identified stressful situation to give your mind and body a "break." Games, especially non-competitive ones, often reduce the tension by bringing about a state of detached concentration. They allow the individual to detach from reality and concentrate on creating a new, playful, cooperation.

Introduce the Stand Up game (The New Games Book). Everyone should pick a partner. Sit on the floor back-to-back with your partner, knees bent and elbows linked. Now simply stand up together. With a bit of cooperation and a little practice, this shouldn't be too hard.

This game may also be played with three or more people. And each time it becomes a greater accomplishment.

LESSON II: Let's Talk About It. . .

Objectives:
-- To recognize effective means of communication
-- To develop assertiveness
-- To develop positive listening skills
-- To apply these skills to their own lives as an active coping technique

Resources:
-- Davis, Martha, Elizabeth Robbins Eschelman, and Matthew McKay. The Relaxation and Stress Reduction Workbook. Oakland, California: New Harbinger Publications, 1982.
-- Weinstein, Matt; and Joel Goodman Playfair. San Luis Obispo, California: Impact Publishers, 1982.
-- Suicide Prevention Center, Inc. Training Manual.
-- Handout -- "Assertiveness Scenarios" and "Empathy Exercise"

Background for the Educator:

Interpersonal communication is a two-way street; there must be both information transmitted and received. In oral communication it is the speaker's responsibility to convey content; it is the listener's responsibility to receive the information conveyed. However, whether we consider the verbal or non-verbal aspects, more than the mere passage of information must occur for effective communication to take place.

Effective communication is based on skills in both speaking and listening. Sometimes we feel that because we are speaking and listening, we are communicating -- but unless we are actively using speaking or listening skills, the communication may in fact be ineffectual. Some people use these skills innately; for others, they must be learned.

Speaking skills involve more than the ability to articulate opinions, judgments, thoughts, and feelings. It is also necessary that the speaker be honest (with both himself and the listener) and assertive.

Assertiveness was initially described as a personality trait, but has since been redefined by Wolpe (1958) and Lazurus (1966) as "exposing personal rights and feelings." Assertiveness is neither passive nor aggressive.

You are assertive when you stand up for *your rights* in such a way that the *rights of others* are not violated. Beyond just demanding your rights, you can express personal likes and dislikes spontaneously, you can talk about yourself without being self-conscious, you can accept compliments comfortably, you can disagree with someone openly, you can ask for clarification, and you can say no.

It is interesting to note that assertiveness is typically considered a male characteristic in that society accepts it, even encourages it, in men, while considering it unfeminine behavior in women. This, in fact, may be a basic confusion between aggression and assertiveness, for the latter is necessary to both sexes for effective communication.

Listening skills are equally important. As a listener one tends to affirm, negate, or ignore the speaker. An effective listener will *affirm* the speaker's context (how it was said), even though he may disagree with the content (what was said). He does this by listening empathetically, identifying not only the content, but the context as well, and responding in turn.

Today's lesson focuses on effective interpersonal communication. When the student learns to both speak and listen in interpersonal relationships without resorting to hostility or passivity, he has reduced a potential source of stress in his life.

HANDOUT: LET'S TALK ABOUT IT

The following four situations could happen to you. In the space following each scenario indicate how you would respond if you found yourself in that situation. What would you say? What would you do? (Use the back of the sheet if necessary.)

1. You can buy a can of pop and a bag of chips at the store, and after you walk out you discover that your change is $.50 short.

2. You give a party where some of your friends sneak in several cans of beer. You know that your parents would not approve.

3. You have to study for a big test the next day, but your little brother keeps bugging you.

4. While you wait for the clerk to finish with the customer ahead of you, another customer comes in and the clerk waits on him before you.

Listen carefully to the following statements. What do you hear? What would you say?

1. I just love spinach.
2. You couldn't even answer that? You are so dumb.
3. My boyfriend didn't call last night and he promised that he would.

I. Getting Started

Have the students complete the worksheet including the listening exercise (each statement is to reflect a different expressed emotion -- sarcasm, arrogance, hurt) and have them set it aside.

II. Define

Communication/effective interpersonal communication
What do we need? Speaker/listener

Ex. I feel really bummed out/Have you noticed how beautiful it is today?

Has communication taken place? Why? Why not?

Effective interpersonal communication:
Non-verbal/Verbal

III. Communication Skills

A. Speaking skills -- list on the board those examples that the students give: articulate, honest, assertive/aggressive/ passive.

List examples of each behavior, and the advantage of disadvantage of each.

Group Activity: Role play to identify passive, aggressive and assertive behavior in the same situation. Recheck hand out sheet examples and identify behaviors.

To act assertively: Use a LADDER

L ook at your rights, what you want/need
A rrange a time and place to discuss
D efine the problem as specifically as possible
D escribe your feelings
E xpress your request
R einforce the possibility of getting what you want by stating the positive/negative consequences should the other person cooperate.

Example -- Pick one of the scenarios on the handout sheet and tell how you would handle it differently.

B. Listening Skills -- Refer to handout sheet again. Identify the context of each statement.

1. CONTENT -- What you hear
CONTEXT -- How it is said

Response to any statement will be evaluated as positive, negative, or ignoring.

For example, "That's a pretty dress..."

Response	Evaluation
"Thank you."	(+) Positive: Affirms statement and speaker.
"This ole rag?!"	(-) Negative: Negates statement and speaker.
"Ummh...What did you do in health class this morning?"	(0) Ignore: Ignores statement and speaker.

2. EMPATHY -- walk a mile in my shoes

Low empathy -- hears content, but chooses to ignore or negate.
Medium empathy -- hears content only.
High empathy -- hears content and context also.

Example -- Empathy exercise -- groups of 3 or 4
 #1 -- Make up statement
 #2 -- Respond
 #3 -- Low, Medium or High empathy (Identify #2's responses)

IV. Wrap Up
 How should you speak: ASSERTIVELY
 How should you listen: EMPATHETICALLY

Effective communication can build interpersonal relationships

Final exercise: Pleasant memories of childhood play -- Playfair, p. 86

Divide class into groups of two. In each pair one will be the speaker and the other the listener. Each speaker has two minutes to recount a pleasant memory -- the teacher is free to set the topic -- while the listener gives the speaker his total attention and as much non-verbal support as possible. At the end of two minutes the roles are reversed.

LESSON III: I'm OK -- I Can Handle It

Objectives:

-- to recognize self-worth through strengths and weaknesses
-- to own their own feelings
-- to foster self-esteem as an active coping techique

Resources:

Handout -- Values Exercise, such as "Who Should Survive?", the bomb shelter example, developed by Dr. Richard Bear, C.S.C.

Background for the Educator:

"I must be special, cuz God don't make no junk." This message, made prevalent a few years ago, is one which we would like to instill in our children. However, the societal value which they aspire to ascribes to the adage that "we are what we do." It is not enough to be introduced at a party as John Doe, a person in his own right; we tend to follow up with the question, "What do you do for a living?"

Society in many instances defines and limits our personhood, our very worth as human beings, by our roles and occupations. But is that really who we are?

Every human being, male or female, functions in a variety of roles throughout their lifespan: single/married/widowed/divorced, husband/wife, lover, mother/father, etc. in addition to any given occupation in which they may be involved. Each of these roles may present a series of responsibilities, but we come into each life situation with our own individual set of values and feelings with which we further circumscribe our roles. Therefore, no individual can be defined solely in terms of what they do or the roles in which they function.

Rene Descartes, the French philosopher and mathematician, once wrote: Je pense que je sois(I think, therefore, I am). This is perhaps a truer measure of who we are. It is our thinking, our values, our feelings and our own responses to various circumstances, built and modified, added to and deleted, according to our own individual life situations that can more fully indicate who we are.

Our lesson today focuses on self-worth, and on learning to know oneself better through an honest assessment of values and feelings.

Since females often tend to be more able to touch base emotionally, it is particularly important for males to recognize and accept their feelings. Society in general tends to classify certain feelings as acceptable or unacceptable and masculine or feminine. It is important that every person learn to recognize, accept, and own the way they feel.

Conversely, it is equally important to understand that feelings cannot be used to dictate or justify a course of action. Actions must be determined by the underlying values, not by feelings.

The student will learn that revealing "self" to others is not an easy thing to do for either adolescents or adults. The adolescent fears to tell who he is knowing innately that he's changing rapidly, examining values handed down to him from the previous generation, and accepting them as his own or discarding them. He is unsure of who he is, but he is searching. The adult is afraid to tell who she is because it's all she has and she fears that it won't be enough.

Therefore, we hide behind our masks. But these very masks place inner stresses on the essence of our being. Though sometimes painful, it is ultimately easier to determine our own self-worth through an honest assessment of our strengths, weaknesses, our values and feelings. Then we can discard our masks.

I. Getting Started

Have the students write an answer to the following three statements.

1. Who am I?
2. List three strengths, three weaknesses
3. I am special because. . .

II. Defining the Topic

Self-esteem -- who I am

What it is not. . .	What it is. . .
Occupations	Strengths
Roles	Limitations
	Values
	Feelings

A. Strengths are:

1. what they're good at;
2. how they functions;
3. even how people respond to them.

List examples/life situations

B. Weaknesses/Limitations are:

1. what they need help with;
2. what they need to work on.

They may find that what they thought to be an innate limitation is only a lack of knowledge and becomes less of a limitation with time.

List examples/life situations.

C. Values
Handout sheet on arrival -- Allow students to work in small groups which must come to consensus for this exercise.

What kinds of values do you hold?
What do you believe in?
What do you consider important?

List values, as many as possible --

Religious	Community participation
Educational	Getting along with others
Health	Sexual
Marriage	Racial
Class	Occupational

Determining our values helps us set priorities within our lives

D. Feelings

1. Who has feelings -- male/female orientation
   Societal implication
   Feelings are neither good nor bad -- they just are.

2. Recognizing feelings/Identifying feelings
   Have the students list as many as they can

   Exercise -- Break into groups of two

   Using the same statement provided on a card, first person says it, injecting a feeling, second person attempts to identify the feeling. Then reverse roles, and using same statement, but different feeling, try again.

3. Introduce Journal -- Short discussion of journaling techniques, e.g. Progoff; dialoguing; what happened, how responded to, how I felt, could I change it? How would I change it?

III. Wrap-Up
Response/Action

Feelings CANNOT be used to justify your actions.
Example -- hitting as a response to anger
Actions must be determined through an honest assessment of
1. Strengths
2. Limitations
3. Values

Journal Assignment

LESSON IV: My Body Betrays Me

Objectives:
- -- to recognize physiological stress
- -- to differentiate between normal and environmentally-caused stresses which affect physiological reaction
- -- to learn various relaxation techniques
- -- to apply these techniques as an active coping mechanism

Resources: Davis, Martha; Elizabeth Robbins Eschelman; and Matthew McKay. The Relaxation and Stress Reduction Workbook. Oakland, California: New Harbinger Publications, 1982.

Weinstein, Matt; and Joel Goodman. Playfair. San Luis Obispo, California: Impact Publishers, 1982.

Biodots -- Biodot International, Inc., P. O. Box 29099, Indianapolis, Indiana 46229

Handouts -- Biodot Interpretation Sheet, Short form relaxation techniques

Background for the Educator:

The human body must continually adjust to stresses over which we have little or no control. These might include rapid growth (during adolescence or pregnancy), illness, aging, or minor accidents. All of these may be considered normal stresses encountered during a lifespan. The importance of a well-balanced diet, healthy exercise, and adequate rest have been continually emphasized in helping the body adjust to these normal occurrences.

However, environmental "threats" also affect and tax the body, either directly or indirectly. Our reaction to danger, problems, and demands is greatly influenced by our innate "fight or flight" response inherited through our most primitive ancestors.

When our minds perceive something as threatening, our bodies undergo several changes. The regulating centers of the brain give the body information to "speed up" in preparation to confront or escape the threat. Adrenalin is released. Our pupils dilate to allow optimal vision. Our hearing becomes more acute. Our muscles tense to deal with the challenge. Heart and respiratory rates increase. Blood drains from the extremities and pools in the trunk and head.

When the environmental threat is real, the "fight or flight" response serves us well, giving us extra energy and strength to deal with the immediate crisis. However, when the environmental threat is only a perceived one based on our own emotional response to a situation, that same involuntary response of "fight or flight" can produce an unwarrented amount of physiological stress.

This additional stress can be damaging. If the body is not given relief from the biochemical changes that occur during a physiological stress reaction, chronic stress may result. This chronic stress has been found to be related to such ailments as hypertension, headaches, ulcers, colitis, diarrhea, asthma, circulatory problems, muscle tension and even cancer.

However, we need not remain at the mercy of our involuntary responses. Although the "fight or flight" response is involuntary, it can be controlled by the same brain regulatory centers which initiated it.

The relaxation response is the opposite of the alarm response and returns our bodies to their natural balanced states. It has a recuperative effect in that it allows a respite from externally induced physiological stress.

Today's lesson enables the student to recognize the general signs of physiological stress, to differentiate between normal and environmentally-caused stresses which affect physiological reactions, and to learn various relaxation techniques which can be used as active coping mechanisms.

I. Getting Started

Placement of BIODOTS and explanation RECORD COLOR

II. Defining the Topic

Physiological stress -- what is it? (Body's reaction to. . .)
Physiological stress -- what causes it? (Stressors)

NORMAL CAUSES	ENVIRONMENTALLY -- CAUSED	
	External stressors	Psychological/Internal
Growth	Fight	Person yelling
Aging	Major accident	"Funny" look
Illness	Deadlines	Snub
Minor accidents	Tests	Arguments
	Act of God	
	Noise	

(Fear or anxiety is usual sign that psychological stress has occurred.)

ANYTHING can become stressful if it is:

1. Strong enough; OR
2. Lasts too long; OR
3. Repeated too often.

RECORD COLOR

Exercise 1 How to start an argument -- from Playfair (Emotional)
Exercise 2 Soothe/relax/shock (External)

RECORD COLOR

Physiological stress -- what happens (fight/flight response)

Heart rate quickens
Breathing quickens
Eyes widen
Sweating
Blood goes to head and trunk
Hands and feet become cold and clammy

Problems caused by physiological stress

List as many as you can -- (Headaches, high blood pressure, diarrhea, muscle tension, even cancer)

III. Coping with Physiological Stress

A. Good Nutrition, Healthy Exercise and Adequate Rest.

RECORD COLOR

B. Body Awareness -- Most people are more aware of the weather, the time of day or their next class than they are aware of the tension in their bodies. Body awarenss is the first step.

Use exercise on p. 18 of The Relaxation and Stress Reduction Workbook, or an analogous body awareness exercise.

1. First focus your attention on the world around you. Start sentences with, "I am aware of ______." (e.g. "I am aware of someone walking down the hall, the breeze coming through the window, the hum of the fluorescent lights. . .)

2. After you have become aware of what is going on around you, shift your focus to your own body and the physical sensations that you are experiencing at this time (e.g. "I am aware of my tummy growling, the hardness of the wood under my elbow on the desk, a crick in my back, an itch on my foot. . .)

3. Move back and forth between these two foci, external and internal awareness ("I am aware of the chair against my bottom, the smell from the cafeteria, an ache in my shoulders, the carpet beneath my feet.")

If this exercise is used during our spare moments throughout the day, it allows us to separate and appreciate the difference between our inner and outer worlds.

C. Progressive Relaxation Techniques -- p. 24-25 in the Workbook or any analogous short form which can be used as a handout.

D. Breathing Exercise -- Go over the deep breathing exercise listed in the Workbook or another analogous deep breathing exercise.

E. Imagination -- as one of the most powerful coping techniques to guard against psychological stress. (Other techniques include recreation, philosophical outlook, and the ability to determine priorities.)

Sad thoughts can produce sadness and the corresponding physiological reaction.
Angry thoughts can produce anger and the corresponding physiological reactions.

Imagery exercise

Close your eyes...Imagine yourself leaving this town behind...You are free...No more problems, no more hassle...Imagine yourself going across a valley...A river runs, bright and sparkling, along your trail...You are moving toward the mountains in the distance. You discover a footpath leading up into the mountains...You are walking up the path...You can smell the clover and wild berries growing on the sides of the hill...You see a smaller dirt path ahead of you...Start walking up the path toward the top of the hill...You are in a clearing surrounded by pine trees...Find a place to sit down and rest...Smell the fragrance of the pines...listen to the birds around you...hear the breeze blowing gently through the treetops...Look around you...What do you see...What is your special place like...Pause and relax there for three to five minutes...You are now totally relaxed...Look around your special place once more...REMEMBER THIS IS YOUR SPECIAL PLACE TO RELAX, AND YOU CAN COME HERE ANYTIME YOU WANT TO...Come back to the classroom.

RECORD COLOR

IV. Wrap Up

Biodots -- fuller explanation, pass out Handout 4-1

Color coding of stress levels throughout class
#1 -- tense at the beginning of class, color not adjusted
#2 -- normal lecture
#3 -- stress reaction?
#4 -- normal
#5 -- relaxation?

Wear your BIODOTS for a few days
Record your stressful situations in your journals.
How did you feel? How did your body react? What can you do?

Final Exercise -- MASSAGE TRAIN, from Playfair, p. 182

LESSON V: 2+2 = PANIC!

OBJECTIVES:

- To examine their own coping skills and determine their effectiveness in accordance with the stress coping grid
- To refute irrational ideas
- To promote rational thinking
- To solve problems rationally and cope positively

RESOURCES:

Davis, Martha; Elizabeth Robbins Eschelman; and Matthew McKay. The Relaxation and Stress Reduction Workbook. Oakland, CA: New Harbinger Publications, 1982.

Fluegelman, Andrew, ed. The New Games Book. The New Games Foundation. Tiburon, CA: Headlands Press, Inc., 1976.

Fogarty, Thomas F., M.D.; Coping with Stress. Chicago, IL: Claretian Publications, 1975.

Handout -- The Stress Coping Grid

Background for the Educator:

To this point the student has been introduced to various positive coping skills: the recognition of stressful situations; positive means of communication (self-assertiveness and reflective listening); an evaluation and acceptance of strengths, weaknesses, values and feelings; as well as techniques for the reduction of psychologically-based physiological stress. However, none of these techniques deal directly with problem-solving on a one-on-one basis.

During problem-solving the primary one-on-one confrontation must be with self. If one merely reacts to a problem, the actions will be based on feeling and emotion rather than rational thought. Therefore, the first step toward a positive solution must be a delineation of the problem. This does not involve WHY. Seeking reasons for emotionally caused problems does not make them go away, nor does it move an individual toward resolution. Instead, one must paint a picture of the conditions and situations encompassing the emotional distress.

-- WHEN does it occur?
-- WHAT am I doing or not doing when it comes on?
-- HOW does it develop?
-- WHERE does it happen?
-- WHOM am I WITH when it happens?
-- WHOM am I WITHOUT when it happens?
-- WHAT takes it away?

Along with this introspective element must come a refutation of irrational ideas. Common to all irrational thoughts is the assumption that things are done to one. Nothing is done to one. Events happen in the world. One experiences the event, engages in self-talk or interpretation of events inside one's head, then experiences an emotion based on the self-talk. If the self-talk is irrational, unpleasant emotions are created.

Two typical forms of self-talk are statements that "awfulize" and "absolutize." You "awfulize" by making catastrophic, nightmarish interpretations of your experience. You describe an awful view of the world and your emotions will be accordingly awful.

Irrational self-talk which absolutizes often includes the words "should, ought, must, always, and never." The idea is that things must be a certain way or that a person (including oneself) must be a certain way. Any deviation from that particular value or standard must be "bad." Therefore the person who fails to live up to the standard must be "bad." In reality, it is the standard which is bad because it is irrational.

These introspective components of problem-solving also go a long way toward defining a situation as your problem, my problem, or our problem.

Internal problems must be dealt with internally and are usually caused by irrational self-talk. When rational thinking is promoted these problems usually tend to resolve themselves.

On the other hand, when a problem is defined as being between oneself and another person, then external confrontation is in order. The internal evaluation of the problem has caused a "differentiation of self." With that sense of one's own identity comes an inner security; instead of the urge to be aggressive and judge others, the individual comes forward with an assertion of self.

In a mature one-on-one dialogue, phrases reflecting personal responsibility will be present, such as "I THINK," "I WILL," "I WANT." Right vs. wrong or fault vs. blame situations are argumentative and block conversation, thereby producing angry feelings in and of themselves. The word YOU takes the focus off self and also denotes blame. "CAN'T," "I DIDN'T HEAR," "I FORGOT" are excuses. "I NEED" is often used as an irrational justification. "WHY" is an evasion. It avoids doing something about the problem.

A useful sequence to follow involves thought, then action, and finally feeling. This approach will not solve all problems but it will move thought and feeling in parallel directions. Feelings, then, become a reflection of what someone thinks rather than the reason why someone acts.

NOTE:

As an alternative to this particular lesson plan, it is possible to show and discuss the Sunburst Communications filmstrip series, " Getting Through the Bad Times: Teenage Crisis," to cover essentially the same problem-solving techniques through a different approach.

This award winning filmstrip (which is also available on videocassette) teaches students a step-by-step self-help technique for coping with emotional crises. Part I details the first steps to take in assessing the problem. Part II deals with the handling of the problem, and Part III explores the crisis intervention technique. The filmstrip is accompanied by a teacher's guide.

The filmstrip is sometimes more effective, particularly with a younger age group, because the material is "softer," and therefore , retained better.

I. Getting Started

Write down a problem in your journal that you are currently experiencing in your own life (parents, boy/girl, friend, sibling, school etc.). and what you are doing to resolve it.

II. Defining the Topic

Problem -- a question or situation which presents uncertainty, perplexity, or difficulty.

Types: YOUR problem -- MYOB
MY problem
OUR problem

Was the problem which you described at the beginning of class defined specifically?

Do NOT deal with the WHY
Deal in specifics:

WHEN does it occur?
WHAT am I doing or not doing?
HOW does it develop?
WHERE does it happen?
WHOM am I WITH?
WHOM am I WITHOUT?
WHAT takes it away?

III. Resolving the Problem -- Internal

A. Internal -- Intrapersonal approach

1. Irrational self-talk

event experienced   self talk   emotion

Events do not directly cause emotions. Self-talk does. If your self-talk is irrational and unrealistic, you create unpleasant emotions.

B. Irrational Beliefs -- Review the ten basic irrational beliefs listed in "Refuting Irrational Ideas," from The Relaxation and Stress Reduction Workbook, pp. 106-107.

C. Promoting Rational Thinking -- pp. 109-110 in the Workbook.

Promoting rational thinking along the lines explored in the workbook is concrete enough that youngsters can immediately see the application to their own lives.

D. Refuting Irrational Ideas
1. Write down the facts of the event.
2. Write down your own self-talk.
3. Focus on your emotional response.
4. Dispute and change the irrational self-talk.
5. What evidence exists for the falseness of this idea?
6. Does any evidence exist for the truth of this idea?
7. What is the worst thing that could happen to me.
8. What good things might occur.
9. Substitute alternative self-talk.

IV. Resolving the Problem -- External

During one-on-one confrontation, focus on
I THINK -- rational thought
I WILL -- accept responsibility
I WANT -- state position

Words not useful to us:
Right/Wrong
Blame/Fault

You -- denotes blame

I can't...excuses
I forgot...excuses
I didn't hear...excuses

Why -- can be an evasion

I need -- tries to justify actions through feelings

Remember:

1. Speak assertively -- you know who you are, how you feel, what you'd like
2. Listen reflectively -- Don't try to think one step ahead, or keep saying "Yes, but" -- Listen as you'd like to be listened to -- and try to understand where the other person is coming from. Compromise is often the only solution.
3. Action should be born out of rational thought -- not your feelings.

Handout -- Coping Skills Grid (from Burnout) -- Go over the grid, ask the children for examples of all coping skills

V. Wrap Up

KNOTS exercise from the New Games Book

LESSON VI: Is It Really Home-Sweet-Home?

Objectives:

- -- To recognize our place in the framework of family
- -- To look at some areas of communication breakdown
- -- To employ feedback as a means of clarifying self-values

Resources:

Berne, Eric M.D. Games People Play. New York: Ballantine Books, 1964.

Bienvenu, Sr. Millard J. "Parent-teenager communication: bridging the generation gap. "Public Affairs Pamphlet No. 438." New York, New York: Public Affairs Pamphlets, 1969.

Chilman, Catherine S., Ph.D. "Home: Safe Harbor or Storm Center?" in Stress, Volume XXV, No. 1, Blue Print for Health. Chicago, Illinois: Blue Cross Association, 1974

Fogarty, Thomas F., M.D. Coping with Stress. Chicago, IL: Claretian Publications, 1975

Background for the Educator:

The family -- where we live and feel most intensely -- provides a focus for our emotional lives. Close person-to-person relationships and interaction on a daily basis are experienced within the context of family, and our roles, models, and means of coping in these circumstances are extended to analogous situations in the outside world.

The home is a crucial place for learning to develop loving, caring, nurturing relationships, for fostering trust in other human beings, for developing respect for another's personhood. . .or at least should be. Unfortunately, given the adolescents' changing needs, their fluctuation between dependent and independent behavior, and their unpredictable emotional responses, adolescence can be a time of great tension within the family. Communication between parent and child may falter or break down completely, at a time when it is of utmost importance to keep those communication lines open.

Eric Berne, M.D. in his book Games People Play proposed that at any given moment each individual in a social aggregation will exhibit a Parental, Adult, or Child ego state, and that individuals can shift (with varying degrees of readiness) from one ego state to another. All ego states reside within any given individual.

In the Child reside intuition, creativity, spontaneous drive and enjoyment.

The Adult is necessary for survival. It processes data and computes the probabilities for dealing with the outside world. It also internally mediates and regulates the activities of the Parent and Child.

The Parent has two main functions. First, it enables the individual to act effectively as the parent of actual children. Secondly, it makes many responses automatic, (e.g. "That's the way it's done."), freeing the Adult from innumerable trivial decisions.

Each of these ego states serves a particular purpose and has a legitimate place in a full productive life.

During communication one of these three ego states will prevail within each individual. When communication between parent and child is directed Child/Child, Adult/Adult, or Parent/Child with each initiating or responding according to a perceived ego state in the other person, then information exchange is usually effective. However, when the ego state of the initiator is responded to by a crossed transaction (e.g. agent initiates Adult to Adult, respondent counters with Child to Parent) then communication breaks down. For example if the stimulus is Adult/Adult, "Would you please set the table for dinner?", an appropriate Adult response might be, "Certainly." A Child response might be "You always make me do everything around here."

An awareness of ego states can go a long way toward furthering effective communication. In family life, as in the greater context of the outside world, certain interactions will predominate in certain situations. In a parent-child relationship Child/Child interactions are common during spontaneous play. Parent/Child interactions set up the rules and regulations by which the household functions; they delineate the lines of authority. However, the fostering of Adult/Adult interaction for discussion of problems perhaps furthers communication best, while preparing the adolescent for interaction in the outside world.

Additional reminders for the close emotional and personal contacts of family life might include the following:

-- Anger is seldom effective unless directed against self, precipitating change.
-- Anger on one side can lead to fear on the other.
-- Feelings can easily lead us astray when dealing with problems unless they are preceded by rational thought.
-- Mistrust leads to attempts to manipulate and control others.
-- Acceptance of responsibility goes hand in hand with increased independence.

This lesson affords students an opportunity to examine where they fit in within the framework of family, to examine parent-child interaction, and to appreciate feedback from others while using it to clarify their own concept of self. Because sibling rivalry can be a discordant factor in the harmony of family life, it will also be mentioned.

Communication Exercise for Teenagers
(Adapted from Public Affairs Pamphlet No. 438)

This inventory is an exercise designed to help you and your parents better understand how you communicate with each other. There are no right or wrong answers. The most helpful answer to each question is your indication of the way you feel at this moment.

The YES column is to be used when the question can be answered as happening most of the time or usually. The NO column is to be used when the question can be answered as seldom or never. Draw a circle around the word YES or NO, whichever reflects your answer.

Read each question carefully. If you cannot give the exact answer to a question, answer as best you can but be sure to answer each one.

1. Do your parents wait until you are through talking before "having their say?" YES NO

2. Does your family do things as a group? YES NO

3. Does your family talk things over with each other? YES NO

4. Do your parents seem to respect your opinion? YES NO

5. Do your parents tend to lecture and preach too much to you? YES NO

6. Do you discuss personal problems with either of your parents? YES NO

7. Do your parents tend to talk to you as if you were much younger than you actually are? YES NO

8. Do they show an interest in your interests and activities? YES NO

9. Do you discuss matters of sex with either of your parents? YES NO

10. Do your parents trust you? YES NO

11. Do you find it hard to say what you feel at home? YES NO

12. Do your parents have confidence in your abilities? YES NO

13. Do you hesitate to disagree with either of them? YES NO

14. Do you fail to ask your parents for things because you feel they'll deny your requests? YES NO

15. Do they really try to see your side of things? YES NO

16. Do your parents consider your opinion in making decisions which concern you? YES NO

17. Do they try to make you feel better when you're down? YES NO

18. Do your parents explain their reason for not letting you do something? YES NO

19. Do you ask them their reasons for the decisions they make concerning you? YES NO

20. Do you help your parents to understand you by telling them how you think and feel? YES NO

Now complete these statements:

What worries me about my future is

The main weakness of American parents is

The most difficult subject to discuss with my parents is

What I want most our of life is

Now that you have finished the exercise, the next step is to discuss it with your parents as soon as the three of you are able to sit down together without any interruptions. Your parents should ask you why you chose the answers you did. The more you talk the more they will learn about you. Encourage them to continue similar discussions.

I. Getting Started

I don't have a solution to your family problems. I can't tell you how to make things better; but here are some things to think about as a starting point: (Use Handout with questions about our immediate families.)

Allow the students to share with each other or the class so that they will see first hand the differences, as well as the commonalities, of various families.

II. Defining the Topic

Family -- microcosm of external world; our techniques for coping within the family will be extended to the greater world

Why is the family useful, what does it provide us?

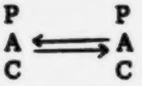
Reiterate that to date we have been looking primarily at individual's coping with stress and stressful situations internally. But an individual does not function in a vacuum, therefore, we must begin to look at how the individual relates to and with the others in his immediate environment.

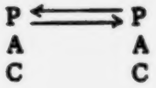
A. PAC theory of communication (transactional analysis)

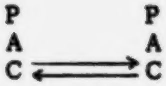
Ego states	Purposes
Child	Spontaneity, creativity
Parent	Rules, delineating lines of authority
Adult	Rational decisions in relating to outside world

All ego states are present in any given individual. How a person relates to others in any given situation will determine what ego state he is operating in at that time.

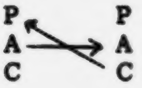
Complementary transactions: Best communication (arrows show direction of relating).

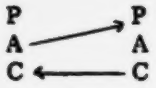






Crossed transactions: Poor communication





Give examples of each.

Have students take a typical parent-teen conversation and determine what ego state each party was operating in.

LESSON VII: "But Everybody's Doing It!"

Objectives:

- -- To recognize the values and benefits of peer relationships.
- -- To recognize the limitations.
- -- To cope with peer pressures (especially those which generate negative behavior).
- -- To place self-esteem above friendship when it goes against personal values.

Resources:

Film -- How's Your New Friend? CRM/McGraw-Hill. Sales and Service Department. DelMar, California 92014.

Background for the Educator:

Because of the breakdown in communication within the family network that is sometimes attendant to adolescence, youth subsequently turn more often toward their own peer group for the support that they innately need during this tumultuous period.

These interactions bring both benefits and limitations. Adolescents learn to relate more fully and personally to a larger support network. However, this particular network tends to close in upon them. They assume their problems are unique and that no such similar frustrations or problems have been experienced by previous generations. Therefore, when support within this group is lost, devastating reactions of helplessness and hopelessness can occur within the adolescent.

Another concomitant problem within this group is experimentation with sex, alcohol, and drugs, and the peer group pressure to at least try something that could turn into a negative coping mechanism when situations or substances are abused.

Sexual experimentation and relationships at this age fulfill a need for intimacy with a member of the opposite sex. Problems develop when more is requested than one or the other individual can give without violating their own values. Also, the exercise of such freedoms without taking the responsibility for consequences, while relying on the "It can't happen to me" maxim, can be particularly stressful.

Additionally, the breakup of such a relationship calls into question self-worth, as it is often perceived as a rejection of the total individual.

Experimentation with alcohol and drugs can be equally traumatic. Dependence on these substances within the teenage population, although not the norm, is well-documented. Both alcohol and drugs, even in small amounts, can impair judgment and lead to impulsive actions which can later cause guilt reactions within an individual, if not immediate consequences.

Because of the code of secrecy inherent to adolescent peer group relations, many youth are thwarted from seeking outside support or assistance, particularly for friends, for fear of being thought a 'nark', or one who breaks this code of secrecy. This can cause a stress situation in itself when values conflict.

It is interesting to note that while adolescents are aware of peer group pressure theoretically, few of them perceive it as something that affects them on an individual basis.

This lesson will explore the values and benefits of a peer relationship, while also noting its limitations, particularly with regard to peer group pressure and the code of secrecy.

I. Getting Started

List as many groups as you think of that you belong to.
What people comprise many of the groups?

II. Defining the Topic

A. Peer relationships
What are they

B. What are their values? -- benefits?
They fill the period between family dependence and true independence by giving the adolescent the interim security they need to dare to give up the security of the home environment.
They foster similar interests.
They function positively in the development of friends.

C. What are their limitations?
Code of secrecy
Negative peer pressure

III. Peer group pressure

What is it?
How does it work? (Dynamics)

Small group of people with similar interests -- Leader is chosen or emerges from within the group -- Normative values are advanced -- Conformity

A. Harmless effects -- Give or have students explore examples in each category.

Communication
Clothes
Movies and Entertainment
Foods

B. Potentially Harmful Effects
Labeling of individuals by role, rather than values
Sexual experimentation
Alcohol
Drugs

C. Code of Secrecy
Involves a tendency to distrust adults or other "authority figures" and attempt to solve problems through the limited resources of the peer group.

IV. When Values Conflict

Discuss from 2 aspects: True to others; True to self

LESSON VIII: Where Was I?/Where Am I?/Where Am I Going?

Objectives:

- -- Exploration of other issues where problems may arise; specifically school and future considerations
- -- Use of inner resources as primary coping mechanisms
- -- Use of others for feedback, perspective and as a support system
- -- review of the course

Resources:

Film -- Solo, Pyamid Film and Video

Background for the Educator:

This lesson provides time to explore other problem areas for teens, as well as to determine whether they may be able to apply active coping techniques to future situations.

School problems are given primary consideration, as this area will be of most immediate concern to youngsters. Competition for grades and placement on teams, as well as student/teacher interactions are areas to be covered. Reiterating positive coping techniques and showing the students how they may be applied to a specific example directs them to thinking in terms of the application of these techniques to their own individual situations.

Additionally, future concerns such as college, marriage, possible divorce, as well as nuclear threat must be addressed.

Film: How's Your New Friend?
Discussion topics:
Who was the leader? (Eddie) What values did the group hold? What was their effect on the members of the group? What was their effect on outsiders? What might have happened to Lisa if she had gone counter to the group's wishes and continued her friendship with Shana?

V. Wrapping Up

To thine own self be true, and it shall follow as the night the day, thou canst not then be false to any man.
--William Shakespeare

In your journal, relate a real or hypothetical situation in which your values might conflict with the group's values. How would you handle the situation?

A major portion of the lesson centers on not only using one's inner resources as a primary coping mechanism, but also utilizing others for feedback, help and support. Identifying others in their immediate lives who can act in this capacity when necessary is of particular importance. It may be helpful to remind the students that these people will change over time, as well as according to the situation. Therefore, stressing the need for more than one support person is also important.

Finally, the course overview is presented with the hope that these students will be able to draw from what they have learned for the remainder of their lives.

I. Getting Started

Have the students make a six item list which includes three specific problem areas that they may or are currently experiencing in school, and three problems that they may have in the future.

Write a number of their school and future concerns on the blackboard.

(If none has included nuclear threat on the list, ask the students if any of them are concerned enough about the issue to warrant including it on the list.)

II. Review of the Course

A. Hand out the Course Overview sheet.

B. Discuss with the students, lesson by lesson, the positive coping techniques which they have learned.

C. Refocus on the concerns on the board. Ask the students how they previously might have handled the situations listed.

D. Discuss which of the positive coping techniques which they have learned might be used instead.

III. Discussion of Resources

A. Inner Resources
Reiterate with regard to our stengths and values

B. Outer Resources
Discuss who or what community agencies might act as our resource when we find our limitations impeding our progress.

Emphasize this group of people or agencies acting as an outer resource gives us feedback, perspective and support which in turn gives us strength.

Handout Whom Do I Trust? Go over this sheet with the students before they complete it. Then discuss what makes their support people invaluable when they have completed their list.

IV. Wrap Up

Show the movie Solo

Questions for Discussion:

Who identified with the mountain climber?
Who identified with the frog?
Can these roles change according to the situation?
Is it necessary to ALWAYS be one or the other?
Can we be both?

Comments from Students

"I have started my own journal. I think it will help me not have as much stress. Thanks a lot!"

"I liked getting in groups for small discussions."

"I loved the games."

"The film of the mountain climber (Solo) was fun."

"I liked talking about problems I have."

"What I liked most about the class was everything!"

"I like talking about peers."

"I thought it was fun."

"It was neat."

"I like finding out who I am."

"I really enjoyed the things that we did in class. It's actually fun!"

"Great class!"

"I liked the biodots and everything else in all the lessons."

...and it seems that everyone else enjoyed the biodots, too!

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COPING WITH LOSS AND DEATH

School educators are in the position of frequently working with young people who are dealing with loss and death (other than suicide deaths). This aspect is explored more fully in the section concerning elementary programs. Included here are four exercises that can be incorporated for classroom use. The resource listings in the appendix include a variety of excellent materials.

EXERCISE I. The Issue of Suicide

This exercise may be used for class discussion topics, an essay paper, role playing, or as a work sheet.

1. Describe a person who is likely to commit suicide. Cite as many reasons as you can.

2. A friend of yours was recently released from the hospital after a suicide attempt. Your classmates go out of their way to avoid her. You notice that she stares into space most of the time. You want to talk to her but your friends say she is crazy.
   What should you do? How could you approach her? What would you say?

3. A classmate of yours recently moved here from another state. You know that his father has just died. You would like to be friends with him but he seems to avoid people. One day, however, he tells you that his father shot himself to death and that suicide seems to be the only answer for him too. You are shocked but know that he needs a friend now. What would you do? Say? Would you tell another adult? Who?

4. List the clues to suicide.

5. List the things you do to handle your own stress.

EXERCISE II. Addressing the Hard Questions

Have students tackle the following thought-provoking questions either individually or in small groups of their own choosing. The questions are intended to stimulate values-related responses, so students may wish to jot down or explicitly mention what values they feel they are holding.

1. Do you believe in burial, cremation, or a form of preservation?
2. Have you ever been to a funeral? How did you feel about it? Why do you think we have funerals?
3. Do you believe in life after death? How does your belief affect how you live?
4. Have any of your friends or relatives ever died? How did you feel?
5. Because of the research linking smoking to cancer and heart disease, do you think people should not be allowed to smoke?
6. Have you ever seen a dead body? How did that make you feel?
7. Would you consider donating your body to science when you die? Why or why not? What about donating organs, like kidneys or eyes?
8. Do you think that a convicted murderer should be executed?
9. If a person has a very painful disease and has requested to die, should he or she be allowed to be put to death?
10. Do you feel people have the right to refuse to enter the army because they don't believe in killing other people?
11. What are some ways to cope with painful experiences without drugs and alcohol?

These questions could either be used as part of a unit on death or they could be integrated into your ongoing curriculum (e.g., the question on capital punishment could be tied into a unit on government or justice; those concerned with conscientious objectors and euthanasia tied into current events or social studies).

EXERCISE III. Suggested projects

Clues and Causes

1. Identify the clues a person may given when they are considering suicide. Divide them into three categories -- verbal, behavioral, and situational.
2. Find out the statistics for suicide in your county. How do these compare to the state? The country?
3. Discuss how self-destructive behavior or habits can lead a person to suicide.
4. Discuss how a family is affected when a member has committed suicide.
5. Find statistics on suicide. Report these to your class. Why are statistics on suicide often inaccurate?
6. Make a poster about what you have learned about suicide.
7. Find out about the legal issues around suicide and attempting suicide, share this with your class.

Increasing Awareness

1. Develop and present a skit for your class about a young person considering suicide.
2. Write a poem about death or suicide and young people.
3. Write a short essay on why you think people would attempt suicide.
4. Compile a list of current or popular songs that include suicide and death -- include the lyrics.
5. Conduct a survey among your friends and family. Ask them why they think someone would attempt suicide and report your findings to the class.
6. Find out about some famous people (singers, actors, etc.,) who have committed suicide. Discuss why you think they became suicidal.
7. Make a list of some everyday problems that can lead to stress and possibly suicide.

EXERCISE III: Suggested Projects (con't)

Developing Resources

1. Find out what type of services are available to those who attempt suicide (inpatient and outpatient).

2. Research the types of training people need to have to work with a suicidal person in:

   a. a hospital
   b. a school
   c. a mental health center
   d. law enforcement
   e. a suicide prevention center

3. Visit a person in the community who works with suicidal people. Interview him or her.

4. Ask a mental health agency in your community to send you information concerning suicide and its prevention.

5. Discuss how you can help a friend through a crisis.

6. Discuss how you would treat a person who has:
   a. attempted suicide
   b. had a family member commit suicide

7. Find out about the religious aspects of suicide -- share these findings with the class.

8. Find out what is being done to prevent suicide, for example, look into the requirements for the Clues to Suicide Badge offered by the Girl Scouts.

9. Discuss what more could be done to promote mental health and prevent suicide.

EXERCISE IV: Written Assignments

Suggested topics for written assignments:

1. Suicide and Youth
2. Suicide and Show Business Personalities
3. How Do Teenagers Handle Stress?
4. What to do When a Friend Threatens Suicide. . .
5. Suicide and the Broken Love Affair
6. The Pressure to get Good Grades
7. How Do Adults Handle Stress?
8. Statistics and Suicide
9. What I Do When I Feel Depressed. . .
10. Are Suicide, Drugs, an Alcohol Related?

AFTER A SUICIDE ATTEMPT

Introduction

Much attention has been focused on the dramatic increase in adolescent suicide over the past three decades. Various resources have been developed to help educators deal with the aftermath of child and adolescent suicide (see SPC's "Suicide Prevention in Educational Settings: After a Suicide Death"), but little is available to help educators deal with a far more common issue -- the return to school of the child or adolescent who has attempted suicide.

For a number of reasons, school personnel prefer to avoid this issue by ignoring or denying the suicide attempts of their students, yet recent research shows that 10-17% of those adolescents studied (Klagsbrun, 1978; Ross, 1985; Boggs, 1987) have attempted to take their own lives. The probability that a teacher, particularly a teacher of junior or senior high students, will have to face the issue of returning suicide attempters is not as remote as many would like to believe.

Simply because of the large amount of time students spend in the school setting, teachers have a high likelihood of observing behaviors which are indicative of a crisis situation. This, coupled with the teacher's intrinsic responsibility to educate the child in life skills as well as academics, makes it imperative that educators become familiar with those coping strategies which are appropriate to the ages of the students with whom they are in daily contact.

For the student, crisis intervention provides an opportunity for student learning:

> ". . .each crisis in the life of a child represents opportunities for learning that may never come again. Instead of viewing crisis intervention as an extra duty of school personnel, it can be viewed instead as a special opportunity for teaching. When a child cannot cope with a situation, whether it be the divorce of a parent, the death of a close friend, or moving to a new community, he/she will be, for a time, vulnerable as well as highly suggestible, as if looking for new ideas, new ways of conceptualizing (understanding) what is going on, and new skills to manage the disruptive feelings and behavior. It is at these points that those who have daily contact with the child-teachers, coaches, guidance counselors, school social workers, support staff -- have an opportunity to facilitate learning that might be very difficult, if not impossible, to achieve when things are more 'normal'." (Nelson & Slaikeu, 1984)

The focus of this section is on three key areas: dealing sensitively with the returning attempter and his or her family, answering the natural questions of the attempter's classmates and teachers, and resolving such system issues as appropriate notification, legal issues, support services, and media and community concerns.

UNDERSTANDING THE SUICIDE ATTEMPT

Although much has been written about the dynamics of completed suicide among adolescents, far less information is available about the dynamics of attempted suicide. The ratio of attempts to deaths is extremely high; experts estimate that for every completed suicide there are 100 attempts, resulting in approximately 500,000 teen suicide attempts annually (Vorkoper, 1987). These are only those attempts resulting in medical intervention; there is no way to count the number of attempts which do not require a physician or which go on record as accidents.

Attempting suicide is the final stage in the suicidal process (see "The Suicidal Process," SPC, 1986). At this point the person is unable to see any other end to the emotional pain he or she is experiencing and has made the decision to die. Long before this final resolution is made, however, a person may gesture as a means of communicating their suicidal feelings. Many adolescents fall into this category.

A gesture differs from a suicide attempt in that the person who is gesturing does not really want to die and therefore chooses a suicide method, time, and place which involve a high probability of rescue. This is the teen who consumes a small quantity of pills in the bedroom just prior to the parents' expected return from work or the teen who cuts a wrist in the school restroom just before class change.

Unfortunately the gesture, which is actually a cry for help, frequently receives a negative response from family, friends, and school personnel out of a fear that the gesturing teen will continue the behavior to manipulate others or to receive attention. Under these circumstances the suicidal feelings cannot be dealt with and the suicidal behavior continues. The long term lethality of a gesturer, particularly a repeating gesturer, is high for accidentally dying or for becoming a serious attempter.

"Failed attempters" are people who try to kill themselves honestly believing that they will be successful. They have firmly decided that death is their answer to a painful life. When a failed attempter is rescued or somehow fails to die, they can be angry that their plans were frustrated and quite embarrassed that they didn't succeed.

A failed attempt often sets up unhelpful interactions between the attempter and family or friends, who typically react with strong emotions. Shock at the attempt is often seen. Disbelief can be so strong they will deny a real suicidal attempt was made. The threat of the attempt can also cause deep fear and anger in those who love the attempter.

Attempters are often surprised that they have distressed their loved ones so, and they may suddenly stop showing their pain and act as everyone expects them to. During this "honeymoon" period, attempters really do try to follow the repressive advice of their family and "snap out of it." They make every effort to be happy.

While the honeymoon lasts, the family accepts this false happiness as proof that the trouble is over. After all, that's what they want to hear! Yet, after 60 to 90 days, there is often a second, fatal attempt using more lethal means that shatters their illusory peace.

It's imperative that professional mental health treatment be sought for failed attempters, and that friends and family do not neglect the real pain that is in their loved one's life.

RESPONDING TO THE SUICIDE ATTEMPT

School personnel must follow the lead of the attempter and his or her family in responding to the suicide attempt. For both legal and ethical reasons, school personnel must be careful not to divulge information which would destroy confidentiality, if such is the request. Yet at the same time, many students and faculty members may be aware that a suicide attempt has been made (especially if the attempt was made in the school setting) and will need help in determining how best to respond to the attempter and to their own feelings about the attempt.

The reactions will range from the relief of those who had prior knowledge of the crisis ("At least he/she will get help.") to the shock and disbelief of those who were unaware of any problem ("Not him, he had everything going for him," and "It can't be true. She'd never do that!"). There will be enormous guilt, regret, and shame ("I should have seen it coming," and "If only I'd talked to him, but I had a meeting."), especially among those close enough to the attempter to feel a sense of personal responsibility.

The student who has attempted suicide may seek out a particular staff member as a confidant. In this situation it is best for this adult to use the same communication skills which are used in crisis intervention:

1. LISTEN to the context as well as the content of the verbal message. Observe non-verbals such as touch, facial expression, physical proximity, and eye contact in order to understand the message and the feelings behind the words.

2. AFFIRM the speaker's message. Acknowledge his or her worth as a person and the feelings (especially pain) which are being expressed, either verbally or non-verbally.

   > "You sound really worried that no one will like you since you tried to kill yourself."
   >
   > "It must be really hard for you to know that your mother and father are going to go ahead with the divorce even though you tried to kill yourself."

3. Do not negate or ignore the suicide attempt or the person's expression of continuing suicidal feelings by saying "I know you didn't really want to do that," or "It was just a bad day. Things will be better now."

4. Leave an open door for further communication.

   > "For right now you don't need an appointment to see me. Just come to my office."
   >
   > "I'm always here until 4:00 on Thursdays. The door is always open for you."

If you are not comfortable with the idea of further communication, be honest about your feelings. Tell the student if you feel unequipped to help, then assist him or her in finding another source of support.

In situations where the suicide attempt has been denied or where strict confidentiality is essential, a staff member who feels close to the student can simply extend an offer of support with no mention of the suicide attempt:

> "You look really tired since your absence. I have some free time on Tuesdays if you want help with your work."
>
> "I've noticed that you seem preoccupied lately. If you'd like to talk, I'm free third period every day."

No matter how great the effort is to maintain secrecy, some students will know that a suicide attempt has occurred. For this reason, it is imperative that the school develop a standard policy for dealing with such an event long before an attempt takes place. The details of such a policy will vary according to the needs and expectations of each school and community, but it should include:

1. The provision of information to appropriate school personnel, e.g. those counselors and teachers involved with the student on a daily basis.

2. A standard reply when an attempt cannot be acknowledged or discussed openly (at the insistence of the student or family). For example, "I'm sorry, I cannot answer personal questions about other students."

3. A procedure for responding to peer concerns when the attempt can be acknowledged. Although it is not appropriate to discuss the suicide attempt with an entire class unless the attempt has occurred in the school setting, it is necessary to respond honestly and directly without revealing personal details.

   "Yes, Jack did try to kill himself."

   "I do not know all the reasons why he tried to kill himself, but he must have been feeling an unbearable amount of pain."

ADMINISTRATIVE CONCERNS

As has already been stressed, it serves no useful purpose for the school to ignore the suicide attempt. Ignoring the attempt can, in fact, be detrimental to the attempter, other students, and the faculty, who all must try to function normally while in the midst of a situational crisis. Students will be talking among themselves, rumors will fly, and the student who has attempted (as well as those students who can identify with those feelings and the desire to die) will continue to feel isolated from the very people who are in an ideal position to provide emotional support -- the faculty -- because these adults cannot acknowledge the suicide attempt. To the attempter, and to those who can identify with this person, the feeling that "nobody cares" is reinforced.

Four issues need to be considered by the school administration:

1. Notification of staff;
2. Staff training;
3. School policy for handling attempts/attempters;
4. Concern for the student body, e.g. contagion effect.

Notification of Staff

Unlike situations involving a suicide death, notification of the entire school population is not necessary, and certainly is not advisable in the interest of maintaining the student's right to confidentiality. However, the administrator(s), counselor(s), school nurse, and those teachers directly involved with the student need to be informed of the attempt and whether or not the student is receiving follow-up care.

These people are in an excellent position to observe the returning student's behavior and any changes which may signal a return to the suicidal process. With appropriate training in suicide prevention, these individuals can form a support network for the student.

Staff Training

Training in crisis identification and intervention is essential in order for all school personnel to be able to respond appropriately to the returning attempter and to other students. Jerome Motto voiced the concern that "the helping system may unwittingly contribute to the problem" by denying the attempt or its seriousness, by seeing the suicide attempt only as attention-seeking behavior, and by trying to "cheer up" the attempter (Peck, et. al., p. 91, 1985).

School personnel have many opportunities to observe those student behaviors which may signal an impending suicide attempt. Teachers have a broad basis for comparison in order to determine "normal" adolescent behavior and to spot deviations from the norm, as well as to observe the behavioral changes of individual students over a period of time. An awareness of critical changes in written expression (stories and poetry, for example), art work, clothing styles, and personal habits puts the educator in a unique position to intervene in a crisis situation.

Appropriate training is essential if the teacher is to feel comfortable responding to the crisis. Knowing what to say and how to say it is one of the primary concerns of educators when the issue of suicide prevention is raised.

School Policy

A building (or system) policy for responding to suicide attempts should be developed in order to avoid some of the confusion that will arise when an attempt actually occurs. This policy should include:

Table 1: School Policy Recommendations

1. The notification of all staff who interact directly with the student attempter;

2. Trained personnel whose job description specifically includes a responsibility for responding to suicidal students. This can be the school nurse, counselor(s), or any faculty member willing to assume the role. Many of these individuals are already being sought out by students who have sensed their willingness to help. Ideally, more than one person should assume this role since no one individual is likely to be equally attractive to all students.

3. A place where students can go to talk with the designated staff members: quiet, confidential, with regular hours of availability, as well as availability for an emergency conference;

4. A person designated to handle media requests for information;

5. An extension of support to the attempter and the family, letting them know specifically those services which the school can offer to their child and referral information for those services which cannot be provided by the school;

6. Regular training and review for all staff to keep everyone familiar with suicide assessment and intervention techniques;

7. Regular programs for the students, through the health program or another designated area of the curriculum.

During the planning stages for such a policy, administrators should consult the school district's legal counsel to ensure compliance with state and local statutes regarding such issues as confidentiality, parental notification of suicidal behavior in their child, parental consent prior to in-school counseling, and staff responsibilities for their students who may be at risk for suicide.

Contagion Effect and Other Student Concerns

Two particular concerns inevitably arise when a suicide attempt occurs:

Was there a suicide pact?

Will other students make "copycat" attempts?

These concerns have undoubtedly contributed to school personnel decisions to minimize or ignore suicide attempts out of the mistaken notion that openly discussing suicide will glamorize the action and invite similar behavior among other students. However, most major research, and the experiences of the Suicide Prevention Center staff and volunteers, have shown this fear to be largely unfounded. On the contrary, open discussion of suicide in the classroom takes away the mystique and may free some students from their fear of revealing thoughts about suicide to a caring adult.

The possibility of there being subsequent "copycat suicides" (the contagion effect) is greatly lessened in a setting which permits the open acknowledgement of a suicide attempt. Other students may be having similar suicidal feelings which are totally unrelated to the first suicide attempt (e.g. not part of a suicide pact), but they are far less likely to see suicide as their only alternative in an atmosphere of open discussion and genuine concern for the suicidal person. Without such an atmosphere, however, the suicidal adolescent is made to feel even more isolated and unwanted. They may withdraw further into themselves, eventually choosing to commit suicide because "no one here cares anyway."

Similarly, in a situation involving a suicide pact (e.g. students who have pledged to die together or in the event that the first student chooses suicide) the surviving students will need a tremendous outpouring of adult support in order to prevent subsequent suicides. In a non-supportive atmosphere, these students are highly likely to keep the pact to themselves, greatly enhancing the suicidal risk.

PEER LISTENING

"Peer listening" programs are receiving attention in some high schools here in Dayton and elsewhere. Peer listening programs do not attempt to replace counseling services, but rather are designed to capitalize on teens' preference for confiding in peers before approaching adults for help. Peer listeners are usually volunteer students who have been trained either by the school counselor, or by the counselor and local mental health center personnel. Training often centers around "active listening" skills and the identification and referral process for serious crisis situations. At no time are students expected to "counsel," rather they are a caring listener and can act as a mediator between the student in crisis and an appropriate adult.

Education professionals frequently have mixed feelings about peer listening programs. Despite the successful implementation of such programs in many schools, concerns about peer listening programs exist. They include:

1. A concern for adequate adult supervision.
2. The danger of a peer listener's over-identification with a peer's problem, thus creating a situation in which neither teen is truly the "listener."
3. The danger of a peer listener assuming too much of a counseling role in a situation which requires adult intervention.
4. The social problems of peer listeners who may be labeled "goody-two-shoes" or "narc" as a result of having to refer a difficult situation to an adult.

Many high schools have successfully overcome these and similar obstacles, however, and can serve as a model for those schools wishing to pursue the concept of peer listening.

People Like You and Me

One by one, they try to take their lives,
How else could they be free?
But they're not crazy, they're not insane,
They're people like you and me.
They've just got lots of problems.
With which they cannot cope.
And when they start to feel that way,
They seem to have no hope.
Then the darkness settles in,
And blocks all forms of light.
Not a speck, or sliver of love,
Is anywhere in sight.
They run, they flee,
They try to get away.
But the depression just gets worse,
And stronger every day.
They withdraw from school, from family and friends,
To them there's no way out.
The pain and hurts get so very strong,
It makes them want to shout.
They try to talk with someone,
Cause they don't want to die.
But every time they come to you,
You just pass them by.
You laugh at them and say to them,
"It's only in your head."
Then when you need to talk to them,
You find out they are dead.
So, that's the end, there is no more.
I guess they're finally free.
But they're still not crazy, they're not insane,
They're people like you and me.

I don't really know why I wrote this poem. I just needed to get it off my chest. See, very few people understand what is going through a suicidal person's mind. I do, I was there. And this poem describes some of what I felt. I just wish more people understood suicide, and how to deal with it. It could strike at any time, and unless you know what to do, you could lose a family member, a friend, or maybe even your own life. So, if someone starts talking about suicide, don't ignore them. That's the most dangerous thing you could do. Well, that's all.

17 year-old male attempter

AFTER A SUICIDE DEATH

INTRODUCTION

Although the mitigating circumstances which may prompt an adolescent suicide are personal and individual, the effects of completion on the family, friends, and fellow students who remain place them in the category of survivors of suicide. . .survivors who themselves have a greater chance of attempting than those who have not directly experienced the loss of someone through suicide.

The Suicide Prevention Center, Inc's suicide prevention program for "After A Suicide" attempts to maintain the delicate balance between focus on the students who have completed suicide and those students who now become survivors. Doing too much with an inappropriate focus can be as potentially detrimental as doing nothing at all. Therefore, this program is directed specifically at those schools where a suicide or other suspicious death has recently occurred.

In 1981 the Dayton Suicide Prevention Center was asked to work with a school where there had been five student deaths (two suicidal, one "suspicious," and two accidental) within an eighteen month period. The suicidal death of a school board member's son finally prompted the school's request for help.

The Suicide Prevention Center, Inc. offered a program then that, unfortunately, we find ourselves having to offer more and more frequently. During the 1984-1985 school year alone we worked with eight different schools where suicidal or suspicious deaths had occurred among the student bodies.

Our efforts in the schools after a death are based on the following beliefs:

1. Education concerning suicide and its prevention is essential for young people. This education does not "put the idea into their heads." Furthermore, education with regard to pre-suicidal indicators is necessary to heighten the awareness of potential intervenors.
2. The method of education is as critical as the content. Our "After A Suicide" program differs substantially from our regular suicide prevention programs in that it is considered a process rather than an end in itself.
3. The process is in essence a grief process to promote healing and prevent role modeling of the suicidal activity. The entire process needs to be followed. There are no short cuts. Once a portion of the process has begun, it is detrimental to stop. (In fact, it may have been better to have done nothing.)

CONTAGION EFFECTS

Much as been written regarding the contagion effect that suicidal deaths tend to create in enclosed settings. Misperceptions are often rampant. Research results are ambivalent on the extent of the role that media reporting of suicides plays in the contagion effect.

Phillips (1979) has shown that media publicity given to the suicides of famous persons is associated with transient increases in the death rates by suicide. The changes in rate occur only after publication of the suicide story, and the extent of media coverage given to the original suicide. On the other hand, Littmann (1985) looked at the relationship between suicide-related newspaper reports and subway-suicide epidemics in Toronto, Canada. He found that there did not appear to be an excess of newspaper reports relating to suicide published prior to any subsequent subway-suicides. Many authors are stressing the need for studies of the content of newspaper articles and media reports relating to suicides.

In any case, the media has continued to give extensive coverage to those areas of the country where a contagion or "ripple" effect has been presumed.

It is interesting to note that few of these areas considered suicide prevention programs to be an integral part of the area's educational curricula prior to the events, and only a few chose to present educational material after the fact.

For instance, following the suicides in Plano, Texas the community initiated a BIONIC (Believe It Or Not, I Care) crisis line, and established trauma classes for the 9th graders in area schools. Clear Creek, Texas which experienced the death of six teens within a nine week period during the fall of 1984, responded with a community-wide effort whose objectives were two-fold: identification of those students at risk for suicide, and assistance in appropriate grieving.

Many times when a school contacts us or we offer our services to them following a suicide or suspicious death, the principal or administrator is reluctant to acknowledge the suicidal nature of the death. At that time we share with them our experience that if the grief process is not followed, the following ramifications are evident:

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*Chicago's North Shore	28 teen suicides in 17 months	1978-1979
North Salem, New York	2 teen suicides in 3 weeks	1983
Plano, Texas	6 teen suicides in 6 months	1983
Clear Creek, Texas	6 teen suicides in 9 weeks	1984
Bloomington, Indiana	3 teen suicides in 5 weeks	1984

1. Other persons who are suicidal perceive this lack of acknowledgement as evidence that their suicidal thoughts and actions should not be revealed.
2. If the person who completed suicide was admired, others begin to doubt their own ability to cope. Conversely, if the person was seen to have "problems," others begin to compare their own problems, and begin to see death as a possibility for themselves also. In all cases, the suicide becomes a powerful role model.
3. Parents, teachers, administrators, staff and students become survivors of suicide -- and experience grief, guilt, anger and rejection. All become increasingly sensitive to others who are experiencing difficulties. Most, for the first time, realize that suicide can enter their lives.

PROGRAM COMPONENTS

Although the process varies from setting to setting, these are the critical elements:

1. Planning with interested teachers, parents, staff, students and administrators;
2. In-service training for the staff, faculty and administrators;
3. Assemblies for the entire school;
4. Consultation with teachers and students;
5. Parents' meeting;
6. Development of ongoing processes to work with the issue;
7. Special events;
8. Working with community resources and media.

The process can be painful and is in fact time consuming. However, it is important to proceed with it in its entirety. Once it has begun, to stop can be detrimental; it may have been better to have done nothing at all. A vital avenue of communication will have been opened up, only to be shut down once again.

Planning

Planning with staff, faculty and, if possible, with parents and students provides an opportunity to learn the specific circumstances surrounding the death and to develop an understanding of school and community dynamics. It also enables us to develop relationships with the people with whom we will be working over the period of the next weeks and months. As a team, we develop the process components for the particular school and acknowledge that as the process evolves they may become more aware of a number of students who will possibly project one or more of three major concerns:

1. They feel guilty because they now realize they saw clues and did not do anything (or enough).
2. They are concerned about a friend(s) who they fear is suicidal.
3. They are suicidal.

Inservice Trainings

The administrators, faculty, and staff meetings are basically expanded versions of our inservice training. Although awareness of the incidence of suicide is necessarily heightened through the death, for many people the mystique of suicide and the prevalent myths need to be dispersed. Therefore, we spend time on suicidal progression and pre-suicidal indicators, as well as various methods of intervention. Additional time is structured for the ventilation of the feelings of grief, guilt, rejection, and anger which are common to survivors of suicide.

Assemblies

This is generally the first step in the grief proces for the students and is usually done within one week of the death. Assemblies are presented for entire grade levels, or entire school student bodies (depending on the size of the school). Attendance is not mandatory but is strongly suggested.

At the assembly session, one person presents, but others from the Center are introduced and are available to talk with the students on an individual basis following the presentation.

We begin immediately with our purpose for being there -- to help them deal with the suicide death of a friend. We are open with the person's name, the circumstances and the method of death -- all this at a time when many students are afraid to mention the person's name at all. This also helps alleviate any rumors which may be circulating with regard to the death.

We work with them on a general understanding of how a suicidal person thinks, how they perceive themselves in relation to others, and how they may have felt that their death would affect others.

We then refocus on the students and adults themselves. We explain how the suicide death may have prompted feelings of grief, guilt, rejection, anger, and perhaps suicidal thought. We acknowledge these feelings, and encourage them to work with each other and to ask for help with this grief process.

The assembly ends with a re-introduction of the resource people available who stay to answer questions and listen to individual concerns following the general presentation.

Consultation

Our initial consultation following the assembly is with the planning team. We review with them these young people who have come to our attention following the assembly, and about whom we are concerned. We also review the system for the identification of high risk children to determine how smoothly it is operating, and whether those identified are being properly channeled to those resource people in the school. Any modifications in the procedure are made at this time.

Because of the heightened awareness of other suicidal persons in the setting, consultation on specific, current cases is needed for an extended period of time. We make ourselves available for such consultations, but also help the school in identifying those mental health community resources which are also at hand.

Parents' Meeting

Parents are very often among the most resistant to suicide prevention training -- until a suicide occurs in their own community. Then fear provides a motivating factor.

Parents' meetings are again usually expanded versions of our inservice trainings. The particular fears that parents may have with regard to their own child(ren) becoming suicidal need to be addressed also.

Development of Processes

We encourage and facilitate the development of processes to follow when a person is identified as suicidal. Typically, the schools are willing to develop these methods taking into consideration the dynamics of the school and the community resources available.

Within the school itself, certain teachers and staff are usually identified as being particularly receptive to, and concerned about, the needs of the students. These are usually the most effective in-school resources because they have already been accepted and recognized by the students, and have been acting in that capacity in either an official (counselor) or unofficial basis prior to the suicide death.

We also suggest that neighboring schools be notified, and that their counseling staffs be utilized during this time, if possible.

Peer listening programs have been initiated at some schools. This can be a very effective avenue of communication for the students, especially those who have difficulty being open to, or have no recourse to an adult. One word of caution is necessary, however. The peer listeners must be sufficiently trained in the dynamics of suicidal behavior, must have adequate adult back-up, and must constantly screen themselves to determine whether the pressures of peer listening are building up to unacceptable levels.

Community resources listings should be made available in addition to notations of what services each particular agency offers.

We have found that schools who develop these processes can typically use them for other issues also (e.g. identifying students with alcohol and drug problems).

Special Events

Often, the students have approached the faculty wanting to do "something special" in memory of the deceased student. These events are sometimes done on a school-wide basis, such as the school which sponsored a food collection during the Christmas season to help needy area families.

More often, however, such memorials are done on an individual classroom basis. One class had avoided sitting at the table where their deceased classmate had previously been situated. We suggested that they plan and prepare a table memorial for the student, which they did. During the course of implementing the idea, much discussion evolved, which in turn allowed the students to deal with their feelings openly. The memorial was left for a short time until the students felt that they could once again use the table for themselves.

Community and Media

Particularly in small towns, we have seen an overwhelming response of concern from the media, civic groups, churches, and government bodies. We or the school have usually become focal points for coordination and information dissemination.

It is especially helpful to delegate one individual from the school as spokesperson for media requests. This ensures that factual information regarding the death is released, and helps dispel any rumors surrounding the case. We suggest that all faculty be made aware of this person so that media requests can be channeled to that person.

Notifying the students of the media policy is also necessary. You may wish to leave it to their discretion as to whether, if approached, they wish to comment on the student's death. However, be sure to tell them that it is solely their option, and not to allow themselves to be pressured into an interview if they would not prefer it.

Or, on the other hand, you may wish to establish a policy wherein no student is to be interviewed on school property. In either case, develop the policy, and then adhere to it.

Community groups and other civic organizations are excellent means for approaching the larger community, and reaching those people who may have some contact with youth, but do not necessarily work with them on a formal basis. Gatekeeper programs which directly affect these people can be initiated at this time when heightened awareness of suicidal youth is a paramount concern.

Programs which are jointly sponsored by the local mental health organizations and the Suicide Prevention Center, Inc. have been well-received. Presenters from both agencies are available; the mental health worker usually discusses the procedures for obtaining agency help, fees, and what can be expected. This format also provides the mental health worker with an excellent opportunity for discussing the sometimes perceived "stigma" that is involved in reaching out for help on a mental health basis, and why it is so important to overcome the inertia that is associated with that perception. The Suicide Prevention Center's speaker usually deals primarily with the suicide aspects: suicidal thought progression, depression and crisis behaviors, pre-suicidal indicators, etc.

You will notice that at no time have we indicated how we think a school should interact with the deceased's family. We would hope that all schools have a policy regarding the death of a student that dictates what condolences are offered and by whom, how the child's personal effects are returned, etc. A suicidal death is a DEATH, and therefore such procedures should be followed in any case. If no policy currently exists, we suggest that one be formulated that can be utilized in the case of any type death, whether it be that of student or faculty member. A suicidal death is particularly traumatic to the family, but given this special consideration, it is equally important, if not more so, that the care, love and concern of the school and community be extended to the family of the dead student, just as in any other type of death.

Excerpts From A Homily

The following are excerpts from a homily presented during a memorial Mass at a parochial school in Dayton following the suicide death of a student. They are an example of a special event sponsored by the school which maintains the balance of focus between the student who suicided and those students who are now survivors.

> "When Mr. W announced that John S. had died. I'm sure that all of us were shocked and filled with mixed feelings -- and when we all were aware that John had taken his own life we were even more confused.
>
> One of your classmates Monica P. wrote about her feelings, and said --
>
> When someone you really aren't sure of dies you feel insecure

You wonder. . .
Could I have been mean?
Could I have been kinder?
Could I have been a friend?
Only by the time you stop to wonder,
it's too late
And only guilty feelings remain.

Guilt, blame, whose fault is it anyway? If you noticed -- at no time in this homily have I talked about your wickedness -- as though this is only your problem.

We are not evil people. . .and in our better moments, everyone of us -- even if we are at times a great sinner -- has reached out to help another human being -- we can care for others -- and at times we do a great job.

But what is so very sad is that we often choose not to do this -- and especially to those who are not like us, who are different. It's almost as if we don't have to treat them as human because they don't fit our mold of how a person should look, act, dress, talk, laugh or any of the other hundreds of trivial things that keep us from caring.

Pretty soon that person begins to wonder why should I stick it out? I'm no good. I'm worthless to everyone -- even myself -- and in that despair they forget that they deserve to be loved, and they take their life. I don't know why John chose to die instead of live, but I pray to God that he never thought of himself as worthless. . .John's life is over on this earth, we can't change a thing of the past, but the future we can do something about.

John's untimely death must serve to call all of us to live as the blessed people we are meant to be. His death must remind us to always be gentle to others, no matter who they are so they know that they are loved regardless of how they looked.

His death should remind us to be merciful, to always treat others with the same mercy and kindness that we would want from them.

His death should remind us to be peacemakers, to work everyday at being someone who actually tries to help others experience God's peace.

And finally, John's death should challenge all of us to stand up for the truth, to speak up when one of our classmates is mistreated and to reach out to both the one who is being mistreated and to the one who is mistreating them, and to love them. . .

In this way John's tragic death can have some true meaning for all of us. He will have left us a lasting reminder of how God wants us to love one another. And so my friends it is anything but over, rather it's time for a new beginning. It's time for all of us to ask God to forgive our sins against each other, to move beyond self-pitying guilt, and to commit and dedicate ourselves not to wickedness but to care for every person who ever walks the halls of (our school).

In this way may John's death bring all of us to a greater sense of life.

Father Denny
March 13, 1985

WORKSHEET

	Individual	Group	Suggested Setting	Impact on System
Students				
Faculty				
Administration/ Staff				
Parents				
Community				

This worksheet/grid is provided in order that the school would consider, if not actually plan, some activity for each block following the suicidal death of a student.

Peer Intervention

Over the last few decades the acceptance of, and need for, counseling services has grown tremendously, becoming an integral part of community services. To meet demand for personnel, many of these services now depend on "lay counselors." These people have undergone a relatively short training period to learn basic counseling techniques as opposed to professionals who have completed a traditional training program involving years of academic-study.

Although lay counselors alleviate many personnel needs, their competence is often questioned. Is it possible that lay counselors, with limited training, are at all effective with clients compared to professional counselors? Various studies have shown that "non-professionals" can be highly effective.

As early as the late 1950s, a growing number of people questioned the actual effectiveness of professionals and their exclusive right to work in counseling. Consequently, research began to focus on evaluation of the effectiveness of non-professionals compared to professionals.

Robert Carkhuff and Charles Truax designed an experiment to test the hypothesis that non-professionals would be as effective in counseling as professionals. Non-professional participants underwent a training program of less than 100 hours aimed at teaching basic counseling skills through classroom work and actual experience. Levels of effectiveness (i.e. empathy, positive regard, genuiness, etc.) were measured in sessions with clients dealing with professionals and with lay counselors. There was no significant difference in the effectiveness of the two groups (Carkhuff and Truax, 1965).

These findings were also verified in other tests. Zunder and Brown provided eight untrained students and four professional counselors fifty hours of identical training prior to having them counsel first year university students. The nonprofessional counselors were as effective as the professionals. Some evidence indicated that information given by the nonprofessional counselors was used more often than that given by professionals (Zunker and Brown, 1966).

T. W. Allen performed a similar, but broader study. He concluded that academic background was not a criteria for predicting counselor effectiveness. Rather, an effective counselor is one who possesses psychological openness and is on good terms with his own emotional experience. Others agreed and were able to pinpoint qualities which made a good helper. These included high levels of empathy, respect, and warmth for the client as well as an ability for self-exploration (Carkhuff, 1969).

The sharpest criticism of the supposed superiority of professionals in counseling came from research done by Poser.

Poser looked at the "placebo effect." He contended that it was important to consider the effects of the patient's faith in the therapist and her/his technique. Poser randomly assigned highly trained and experienced psychiatrists and social workers as well as totally untrained students to conduct group therapy sessions with schizophrenics.

Six comprehensive tests measuring basic behaviors considered indicative of overall mental functioning were administered before and after the therapy. On every test, the average scores of groups headed by the untrained students were higher than the scores of groups headed by professionals. A follow up study three years later showed that the positive effects elicited by untrained students were still in evidence.

Poser tried to determine what made the untrained students so effective. His conclusions were that nonprofessional persons bring enthusiasm into the counseling relationship, which the client senses and reciprocates. Similarly, characteristic lack of "professional stance" enables the nonprofessional to respond more freely to the clients moods (Poser, 1966).

Carkhuff (1969) attributed the effectiveness of lay counselors to a greater motivation to help for helping's sake. Carkhuff thought that professionals seem to have personal needs invested in the helping role position which include but are not limited to status, prestige and money. These personal needs are not movitators for lay counselors.

The intentions of lay helpers seem to be more humble, direct, and honest than those of the majority of professionals. Also, the training of lay counselors is considered more effective than traditional methods since lay counseling training programs are based more on the emotional aspects of helping than are traditional methods and are strengthened by actual experience.

In summary, research shows fairly conclusively that lay counselors can be as effective or even more effective that counselors who have completed traditional academic programs and are considered professionals.

VOLUNTEER TRAINING

The Training Program

The following is the method that the Suicide Prevention Center, Inc. uses in training the volunteers for our educational programs. In order to have a successful volunteer program the volunteers need five basic things: (1) to feel their job is important; (2) a job description; (3) training; (4) supervision; and (5) recognition. The training program meets these criteria.

The screening and application process helps the potential volunteer to see that the volunteer job that they are applying for is important and that not just anybody can do this job. A job description is part of the application process so that the volunteer knows from the beginning what is expected of them. As a part of the training there is a session for reviewing the policies and procedures of the group. This adds more detail to what is expected of them.

Supervision occurs at several points. The volunteers are observed by a trained person at the end of their training period, once again in three months, and then on a yearly basis. This allows the observer to evaluate the volunteer's performance and is also a time for the evaluator and volunteer to discuss how the agency can help them. The coordinator of the volunteer program is in regular contact with the volunteer in order to be aware of exciting happenings as well as problems. The volunteers meet on a monthly basis to talk over what has been happening in their part of the program and to share new ideas.

The volunteers receive a certificate and pin upon completion of training as one form of recognition. As a part of our monthly publication for volunteers we have one section which is devoted entirely to our speaking and puppeteer volunteers. There are several other things that are done to let the volunteers know we appreciate them such as a Christmas party, a spring party, birthday recognitions and cards of sympathy or congratulations.

Recruitment

Before recruiting volunteers one must have the training planned and scheduled. In recruiting volunteers one must first decide from what population one wishes to recruit volunteers and decide how they can best be contacted. Mass media or letters to parents are two ways one can recruit. The letters or announcements need to include what the volunteer program is, the group with which they would be volunteering, whom to contact if they are interested, and the deadline if any. (See sample 1 at the end of this chapter.)

Application

When a person responds to your recruitment attempts it is important that you explain the process of application and training to them. When sending them an application you need to include a letter that tells them you are excited about their interest and again explain the process to them. (See Sample 2 at the end of this chapter.)

On the application you will need basic demographic information. It is important to ask for at least two references. Also there needs to be some type of questionnaire to see if the person has some of the basic qualities which you are looking for in your volunteers. In a person who is talking to children and teens about suicide, death and dying, you need a person who likes young people, helps people look at options, does not give advice and is open to a variety of options. Questions checking these attitudes should be ambiguous in order to help gain this information and to make the applicant think. (See sample 3 and sample 4 at the end of this chapter.)

To be mailed out with the application is a job description. This should include position title, the person to whom they are responsible, a brief task description, requirements, and where to get more information. (See sample 5 at the end of this chapter.)

Once the application has been received the references then need to be checked. It is best to do the check by mail so you have the response in the person's own words. However, if time is an issue it can be done over the phone. The reference check form needs to be mailed along with a cover letter explaining what the volunteer will be doing and a self-addressed stamped envelope to insure return of the form. The reference check should ask questions that will help you see if the applicant handles stress well, interacts well with the relevant age group, and their strengths and weaknesses. (See sample 6 and sample 7 at the end of this chapter.)

Screening

Not everybody can speak to children and teens about suicide. The purpose of the screening interview is to give the applicant an opportunity to make sure you can give them what they want and the applicant can give you what you want. Their time is valuable and they need not spend time in training if your program is not what they want or need.

When setting up the interview you need to explain to the applicant why the interview is being done. At the interview there should ideally be at least two interviewers but not more than three. The setting should be as relaxed and non-threatening as possible. It is the policy of SPC to refer persons not suitable to volunteer for us to places where they might be better able to use their skills.

The following is a set of issues to explore with the applicant during the interview.

- -- applicant's knowledge of SPC (first question to be initiated by leader)
- -- any questions about SPC, tonight's interview, etc.?
- -- what does applicant see as strengths they could contribute to SPC?
- -- what does applicant see as areas for improvement to be addressed?
- -- major life changes anticipated in the near future or that have occurred in the recent past.
- -- what will class be like?
- -- have applicant describe a difficult situation and how applicant handled it
- -- what kinds of support systems does applicant have and are they adequate?
- -- assess applicant's strong moral values (abortion, suicide, homosexuality, etc.)
- -- how does applicant feel about talking with someone who is involved in the above activities?
- -- what areas are seen by the applicant as being potential soft spots and how will they affect applicant's ability to remain objective?
- -- deal with any questions and/or problem areas noted on the application
- -- how has suicide touched the applicant's life?
- -- does applicant see suicide as an option a person may choose to utilize?
- -- ask what if kinds of questions (i.e. what if you encountered a suicidal student and they wanted to talk to you, what kinds of things would you say to them?)
- -- send applicant out of room
- -- discuss Applicant Screening Evaluation, make decision on acceptance or referral of applicant, and bring applicant back into the room
- -- accept or refer applicant

If the applicant has been accepted into training they will need to receive a letter welcoming them into training and several other forms which need to be explained in the letter. Also, any information that they will need for training needs to be in this letter (see sample 8 at the end of this chapter). The new trainee will also need a list of the training times, dates, locations, and subjects (see sample 9 at the end of this chapter).

At SPC we train our educational volunteers (speakers team and puppeteer team) with our crisis line workers for a portion of our training time. To assist the trainee in understanding this we give them a training flow sheet which graphs which sessions are joint and which are separate (see sample 10 at the end of this chapter).

The next three forms are to be returned to either the screeners or the volunteer coordinator. First is the training response form. This is a check list which helps you plan training. Here the trainee tells you which sessions they cannot attend so that you can plan for make-up sessions (see sample 11 at the end of this chapter).

Second, the training agreement is a contract with the trainee and should include both an outline of what you expect from the trainee and what the trainee can expect from you. This should be signed by the trainee and the proper volunteer coordinators (see sample 12 at the end of this chapter). Third, the feedback form is the trainee's evaluation of the screening process (see sample 13 at the end of the chapter).

After the interview the screener should fill out an evaluation of the person they have just interviewed. The areas being evaluated are communications skills, self awareness, ability to cope with stress and dependability (see sample 14 at the end of this chapter).

Training Sessions

At SPC our training for speakers and puppeteers is done in a total of seven sessions. Three of these sessions are done in conjunction with the crisis line trainees, and two are done with speakers and puppeteers together and the other two are done with each group separately.

SESSION ONE: THE BASICS

Speakers: Prior to session one the trainees should be given a copy of the public speaking manual (see end of chapter sample 15).

For the training sessions you will need when you hand out the manual to ask each trainee to prepare a five minute speech on any topic. At the session videotape each trainee doing their speech and then review the speech and critique it. At the end of the session ask them to continue to practice in front of a mirror.

Puppeteers: For puppeteers the main thing is practice. It is important to videotape a puppet skit so that the trainees can see their puppet position and lip sync. Puppets in conversation are at a one quarter turn toward each other. In moving a puppet's mouth, it should open once for each syllable in each word. Puppets like people do not just pop out of nowhere. They need need to walk up stairs onto stage and downstairs off of stage. The most important element, however, is practice, practice, practice.

SESSION TWO: ORIENTATION AND OVERVIEW

At SPC all of our groups of trainees are together for this session. The primary purposes of this session are to enable the trainees in getting to know each other and the agency better, to let the trainees know what to expect from the rest of training and to distribute materials. This session lasts about three hours.

Outline

I. Introductions
   A. Participants introduce themselves briefly
   B. Materials are distributed

II. Small group discussion
   Break into small groups (max. 5-6 persons) for approximately one hour to discuss the following questions:
   A. How did you hear about SPC?
   B. What prompted you to decide to volunteer at SPC?
   C. How has suicide touched your life?
   D. What are any concerns you might have about your work at SPC?
   E. Do you have any questions for me?

   If possible it is best to have current volunteers lead these discussions.

III. Break
   Take about 15 minutes to stretch, get a drink or have a chat and just relax.

IV. Large Group Introductions
   Come back together as a large group at this point and have each person introduce somebody from their small group until everybody has been introduced.

V. Slide Show
   At this point we at SPC have a slide presentation showing some of our volunteers talking about how training helped them and how volunteering with us has affected their lives. An alternative to the slide show is to have the volunteers there in person.

VI. Preview
   Give any instructions for the next session.

SESSION THREE -- CRISIS INTERVENTION

In this session listening skills are developed and we work with a six step crisis intervention process. We begin by helping the trainees understand how a person in crisis feels and end by helping them learn how to relax. This session is very experiential in nature.

Outline

I. Communication
  A. Pair communication exercise
  B. Confidence walk
  C. Listening (content vs. context)
    1. What's my feeling exercise
  D. Empathy
    1. Empathy line exercise

LUNCH

II. Crisis
  A. Define crisis
    1. Show Krasner film
  B. Lecture six step intervention process

BREAK

III. Peer Intervention Lecture

IV. Large Group Role Play

V. Relaxation

EXERCISES

Pair Communication

Have each person find a partner. One person tells a story while the second person shows interest or disinterest at the leader's instruction using only the methods given by the leader. Alternate in each method interest and disinterest. Start using only eyes, then entire face, then add gestures, and touch. Allow one minute for each method, 30 seconds interest and 30 second disinterest. Then have trainees discuss what it felt like, they will find that it was probably easier to talk when interest was shown and it was probably easier to be interested.

Confidence Walk

Have each person find a partner. They are going on a blind walk. One person will lead the other, whose eyes are closed. The leading person can either touch their partner or talk to their partner but not both, the person being led chooses. After 3-5 minutes have them switch roles. When they return have them talk about how it felt. Point out that this is how a person in crisis feels, like they are blind and reaching out for help.

What Is My Feeling

Have each person find a partner. Hand out envelopes prepared in advance to each person. In each envelope there should be about 8-10 statements and a feeling on separate sheets of paper i.e. one paper may say, "I am getting married next week." (sad) Several feelings can be put at the end of a statement. Each envelope can have the same set of statements. Have one person start by reading to their partner the statement and by using voice and body language to express the emotion. The partner must then try to guess the feeling. Alternate so the guesser is now the reader and continues until all the statements are used.

Empathy Line

Have the trainees get into groups of four and stand shoulder to shoulder in a line. The person to the right is person A and then go down the line B, C, D. Person A makes a statement to person B who responds with low empathy. The same statement is made by C who uses medium empathy and the statement by A is made to D who responds with high empathy.

Now A becomes D, D becomes C, C becomes B and B becomes A and the process is repeated until everybody has a chance at every position. Afterwards discuss when each type of empathy may be appropriately used.

Large Group Role Play

Pick a situation or two that the trainees might encounter and act it out with the trainees as an entire group making appropriate responses. Discuss the strengths and weaknesses of their responses after the role play. The role play does not have to reach a conclusion but should be left open ended.

Relaxation

Teach the trainees how to give each other shoulder, neck and back rubs or do guided imagery relaxation.

SESSION FOUR -- THE SUICIDAL PROCESS

This session is designed to explore ethical issues as well as personal values. Trainees will also look at the suicidal process which includes clues assessment.

Outline

I. Values Exercise (Sample 16 at the end of this chapter)
In small group have trainees read each case, make a ruling and then reach a group decision about the ruling. As a whole group discuss the rulings. These cases are fictional and there is no right or wrong answer.

II. Ethical Issues
Review with trainees a Code of Ethics (what you expect from them) and a volunteer Bill of Rights (what they can expect from you). (See Sample 17 and Sample 18 at the end of this chapter.)

Break

III. The Dynamics of Suicide
(See the suicidal process in the factual components of this manual.)
Film (But Jack Was A Good Driver, or Did Jenny Have To Die?)
Discuss the clues in the film or video.

IV. Preview the next session.

SESSION FIVE -- IN THE CLASSROOM.

This session combines a discussion of what to expect in the classroom and a run through of a typical class presentation.

Speakers

Invite current speakers to come and talk about their various classroom experiences and then do an in-class presentation as if the trainees and speakers were the teenagers in the class. Then ask for questions and/or further input from the speakers. (For classroom outlines see the outlines in the secondary program components.) Also lecture on the suicidal teen (see the Suicidal Adolescent in the Factual Component).

Puppeteers

Follow the same pattern as the speakers using the puppet skits. (For the skits see the Elementary Program Components.) Also lecture on the Suicidal Child. (See the Suicidal Child in the Factual Component.)

SESSION SIX -- SPECIAL ISSUES

This session looks at various issues that the trainees might encounter in a class and include drugs and alcohol abuse, suicide attempers and suicide survivors. For the drug and alcohol abuse segment you will want to contact a local agency or group who works in this area and ask them to do a 45-60 minute presentation or if you have a nurse or doctor or some other person with proper experience you may wish to ask them to present. Next you will need to discuss attempts, deaths and survivors. For this information see After a Suicide Death, After a Suicide Attempt and The Care of the Child and Adolescent Survivor in the Factual Component of this manual.

SESSION SEVEN -- BURN OUT

Show the film Burn Out by MTI Teleproductions. Go over the definition of burnout, the burnout self diagnosis instrument, the social support system hand out and the stress coping grid. For this information contact MTI Teleprograms, Inc.

At some point during or after the training process the trainees should go into a class and observe a presentation being done.

ASSESSMENT

When the new speaker goes into a class for the first time an experienced person should go with them. They need to check to see the empathy level, the accuracy of the information given and their presentation skills.

This assessment process should happen again after several presentations and again on a yearly basis.

FACTUAL INFORMATION

Communication

Communicating with a person in crisis is a process of assessment and listening, not advice giving.

Several elements are critical:

to understand:	to stand under
empathy:	to project into
sympathy:	to feel sorrow for

Before dealing with a problem, one must define the problem and " fine tune" (move into the frame of reference of the other.)

listen for context as well as content

avoid: I understand. . .
I know. . .
Why. . .

listen for punctuation, order and emphasis

Communication occurs at all times. Every statement, silence and gesture that one makes is a vehicle to pass personal information on. For example, during a conversation, if a participant begins to focus their eyes on things other than the person with whom they are speaking, it can have many meanings for both the listener and the speaker.

Frequent periods of silence may provide significant information to the listener about the caller's comfort level with the topic or listener.

How To Communicate

1. Truly listen -- notice the concept of blame, where is it directed?
2. Clarify -- help the person to explore their experiences and feelings.
3. Empathize -- understand feelings.
4. Observe -- especially non-verbal behavior.
5. Verbalize your observations -- descriptively, not critically.
6. Do not give advice -- present options.
7. Do not create dependency on yourself by taking over responsibility -- you clarify, they solve.
8. Try to be open -- be careful not to make snap judgments. All cases are not alike; different people react differently to stress.

Attentive Listening Skills

REFLECTION OF FEELINGS

The words tell us what is happening (content). How people say the words reveal the feelings they are having (context). Reflect these feelings back.

ACCURATE EMPATHY

Let people know you are on their wave length, listen carefully to their voice tones or moods and respond with statements that tell them you sense their feelings, and assist them in making feeling content connections. Demonstrate listener sensitivity, promote openness, also help them to clarify their feelings.

ACCEPTANCE

Accept and care about the person as an individual. Put no limits or conditions on their experiences. If their behavior becomes a problem to you, take responsibility for your own feelings and convey a personal message. Don't put down manipulative or defensive behavior even if it upsets you.

GENUINENESS

This is one of the most important qualities to have when trying to establish a meaningful relationship. It makes it easier for the caller to be open and honest with you. Don't constantly express your feelings to caller, but do not deny them.

Expression of your feelings when appropriate can: (1) provide a model for expressing emotions, (2) give people permission to express their feelings and (3) help them expose their interactions with others to learn about themselves.

NON-POSSESSIVE WARMTH

Care for others as individuals; show a willingness to share equally in their joys and aspirations or their depressions and failures.

Listening Guidelines

Listening is a skill. The following guidelines may help.

1. Become involved in the flow and intensity of the person's real feelings even if they are hostile.

2. Show care and acceptance of the person for what they are.
3. Listen to the person's response. Help them to describe all facets of the problem.
4. Let the person make and take responsibility for their own decision.
5. Be friendly and concerned.
6. Let the person know that they are important and that their problem is an important one.
7. Divide the problem into parts so that it doesn't appear overwhelming.
8. If clarification is needed, let the person restate the information to give them a feeling of competence and understanding.
9. Let the person know you are on their wave length by responding to their voice tones or mood.
10. Let the person know when you hear conflicting or contrasting feelings. It could help reduce confusion.
11. Find out how the person handled similar situations in the past.
12. Discuss alternatives and how to handle the problem.
13. Avoid asking predetermined or closed-ended questions.
14. Focus on the present.
15. Avoid raising false hopes.
16. If you cannot respond, let the person know. Ask them if they can call back within a resonable time while you explore alternatives.
17. End the call with a plan of action.
18. Allow the person their periods of silence as this can be a time of internal evaluation and exploration.
19. Know thyself -- your strengths and limits.

How To Avoid Being An Aggressive Listener

1. Do not attempt to dominate the conversational situation.
2. Put less emphasis on trying to keep the person speaking. When it is time to stop talking, do so, otherwise you may confuse the caller with repetition and meandering.
3. Try not to be argumentative, hostile, and resentful.
4. Try not to feel the person is trying to outsmart you or maneuver you.

Avoid Being A Timid Listener

1. Do not attempt to charm or hypnotize your person, or "yes" them to death.
2. Put less emphasis on being lovable and sweet and more on what is being said or discussed.
3. Try not to immediately put your caller completely at ease. Some degree of tension, fear, or hostility may be essential to solving his or her problem.
4. When listening, do not sit back passively and become an auditory sponge. Instead, become actively interested, selective and discriminating.
5. Finally, don't try to absorb or understand everything that is being said. Accept what is factual and attempt to disregard all the superfluous overlays.

Signs Which May Indicate "Listener" Anxiety

1. Find yourself getting sleepy, or not listening or paying attention as well as you might.
2. See yourself denying the presence of anxiety and thinking, "I'm anxious about this topic and should feel upset, but I don't."
3. Find it difficult to shift positions or feel yourself "tightening up."
4. Feel yourself becoming sympathetic rather than empathic or becoming over-emotional in the face of the person's troubles.
5. Find yourself consistently reflecting too soon.
6. Find that you consistently under-estimate or miss the person's depth of feeling.
7. Have unreasoning dislike or attraction for the person.
8. Find you cannot identify with the person.
9. Over-identify with the person.
10. Become defensive, argumentative, or vulnerable to the caller's criticism.
11. Feel the compulsion to do something active; too strong an impact with "shotgun" interpretations or suggestions.
12. Find yourself giving advice and not listening.

Empathy

Accurate empathy involves more than just the ability of the listener to sense the person's "private world" as if it were his/her own. It also involves more than just an ability to know what the person means. Accurate empathy involves both the listener's sensitivity to the current feelings of the person and the ability to communicate his/her understanding to the speaker in a language and tone that is in tune with the person's situation.

To convey empathy to a person, to let the speaker know that you are on his/her wave length, listen carefully to the voice tone or mood of the speaker and respond with a statement that tells the person you sense how he/she is feeling. It is important to state what you sense, and not ask, "how do you feel?" A question such as this might indicate that you had little or no idea how he/she felt and, therefore, could not have been listening very well to what was said and how it was said. Even if your statement of your perception of the feelings is only partially correct, the person will realize that at least some real communication is occurring. Also he/she will have an opportunity to correct your sense of his/her feelings.

It is not necessary that the listener share the speaker's feelings exactly; trying to feel and experience the same emotions with every person would be impossible. All that is needed is an appreciation of those feelings. A listener who understands how people feel in different situations and who is aware of his/her own feelings can sense emotions and moods that the speaker may be only vaguely aware of.

Empathy Levels

Low: Totally unaware of even the most obvious of the other's feelings, the mood or content; responses reflect the disinterest; listener appears bored and disinterested; giving advice and imposing own attitudes and values.

Moderate: Seems to recognize many of the feelings and reacts O.K. to some of them, but often comments and observations are inaccurate, awkward, and unhelpful.

High: Responds to the other's full range of feelings and intensities; passes no judgement and gives no advice; conveys that he/she is with the person; communicates verbally and nonverbally; is very sensitive to changes in mood; verbalizes person's still-unformulated sense of what he/she is feeling; if the listener does not understand, he/she says so and tries to clear the air; the listener does not try to fake anything.

You cannot offer or give help if it is not asked for, or if the person does not choose to take it. Silence with active listening and concern is very often the most effective listening technique. Often, the most difficult task for a potential helper is to avoid allowing her/his own needs to interfere with her/his ability to help.

SAMPLES OF TRAINING MATERIALS

Sample 1 -- News Release

For Immediate Release:	FOR MORE INFORMATION CONTACT:
	Annette Scarazzo or
July 24, 1987	Susan Freed

"I just need someone to talk to...I don't know if I can stand this pain...I don't know if I can go on living." This is a typical opening statement heard by volunteer Team Members at the Suicide Prevention Center.

The Center serves the community in a variety of ways, including:

- -- a 24-hour crisis line,
- -- educational programs for children and teens,
- -- research,
- -- self-help support groups for Survivors left after a loved one completes, and
- -- self-help support groups for persons who have attempted or who are considering suicide.

Most of these services are available due to the efforts of a devoted corps of trained Team Members.

Team Members fulfill several vital functions:

- -- crisis line Team Members staff the 24-hour crisis phone line,
- -- puppeteers perform and process puppet shows in elementary schools dealing with the issues and feelings children experience in their efforts to deal with death and dying, and
- -- speakers present suicide prevention programs in junior and senior high schools in order to help students and teachers deal more effectively with this difficult issue.

The Center requires and provides intensive training for persons interested in any of these volunteer opportunities. At present, the Suicide Prevention Center is accepting applications for training in these areas. Interested persons should contact the Center at 223-9096.

Help us to reach out to those persons who are facing the fear and pain that crisis situations can incur.

APPLICATION PACKET
(Samples 2 through 5)

Sample 2 -- Application Cover Letter

We are excited that you have expressed an interest in being a part of our Puppeteer Team. Our puppeteers go into local elementary schools and do a series of puppet skits and lead a discussion following each skit.

Our puppeteers find their experience to be rewarding. When we go into a school we do not identify ourselves as being from the Suicide Prevention Center, instead we talk in terms of the puppet skits. Our skits focus on death, dying and other losses. We do not bring up suicide ourselves, but we do discuss it if a child asks about suicide. One of our primary goals is to get the children to talk about their feelings and to help them develop a group of people to whom they can talk about their feelings.

We have a process which all of our puppeteers must go through to become a part of our team. After the application is completed and returned to me I will check references and then schedule a screening interview. At the time of the interview you will be given the training schedule. Once training has been completed you will go out to schools with our experienced puppeteers.

If you have any questions or if I can be of any help please let me know. I look forward to working with you.

Peace,

Susan Freed
Adolescent Outreach Coordinator

Sample 3 -- Application

SUICIDE PREVENTION CENTER, INC.
Formal Application

Emergency: 223-4777 Business: 223-9096
Main P. O. Box 1393; Dayton, Ohio 45401

APPLICATION FOR PUPPETEER TEAM

Please fill out every item. Your answers will be completely confidential.

NAME______________________________ TODAY'S DATE ____________________

ADDRESS ____

TELEPHONE (HOME) __________________ (WORK) ________________________

MAY YOU BE CONTACTED AT WORK? YES __ NO__ WORK HOURS

OCCUPATION ________________ ARE YOU A STUDENT? YES __ NO___

IF A STUDENT, WHAT SCHOOL DO YOU ATTEND?

DATE OF BIRTH_________ MARITAL STATUS _____ NUMBER OF CHILDREN_____

HOW DID YOU HEAR ABOUT SPC?

PLEASE TELL US ABOUT YOUR PUBLIC SPEAKING EXPERIENCES AND VOLUNTEERING EXPERIENCES.

PLEASE TELL US WHAT SPECIAL SKILLS AND TALENTS YOU POSSESS THAT YOU MIGHT BE INTERESTED IN SHARING WITH US.

__ ART
__ CARPENTRY
__ CLERICAL SKILLS
__ DRAMATICS

__ PUPPETEERING
__ PHOTOGRAPHY
__ SCRIPT WRITING
__ SEWING

PLEASE TELL US OF ANY RESTRICTIONS THAT MIGHT/WILL AFFECT YOUR AVAILABILITY TO WORK (FAMILY, WORK SCHEDULE, ETC.).

HAVE YOU EVER WORKED WITH SPC BEFORE? YES __ NO____
WHEN____________
FOR WHAT REASON DID YOU LEAVE SPC?

WHEN WILL YOU BE AVAILABLE TO WORK?

PLEASE LIST TWO PERSONAL REFERENCES THAT WE MAY CONTACT WHO ARE NOT FAMILY MEMBERS.

NAME ________________ ADDRESS ______________________________

TELEPHONE ____________ RELATIONSHIP TO APPLICANT________________

NAME ________________ ADDRESS ______________________________

TELEPHONE ____________ RELATIONSHIP TO APPLICANT ______________

PLEASE LIST ADDITIONAL COMMENTS, IF ANY, THAT YOU WOULD LIKE TO SHARE WITH US:

Sample 4 -- Questionnaire

Please answer all questions to the best of your ability. This is not a test. Its purpose is to help us determine your aptitude for working with the elementary outreach team as a puppeteer.

	YES/ AGREE	SOME- TIMES	NO/DIS- AGREE
I enjoy telling children what I believe is right.	____	____	____
I believe that bad people go to hell.	____	____	____
I believe that death is the worst thing that can happen to a person.	____	____	____
Children don't commit suicide.	____	____	____
I would take other people's problems home.	____	____	____
Dirt frightens or disgusts me.	____	____	____
I believe that good people go to heaven.	____	____	____
Death and/or dying should not be discussed in front of young children.	____	____	____
Childhood was the happiest time of my life.	____	____	____
If I don't know the answer to a child's question, I try to talk about other things.	____	____	____
I cry easily.	____	____	____
I lose my temper easily.	____	____	____
People who commit suicide are either cowards or insane.	____	____	____
I am very upset when people are not nice to me.	____	____	____
I enjoy listening to children.	____	____	____
I believe that there is no absolute answer to every question.	____	____	____

	YES/ AGREE	SOME- TIMES	NO/DIS- AGREE
I believe that suicide is a sin.	_____	_____	_____
Children who are obnoxious make me angry.	_____	_____	_____
I am ashamed to tell a child where babies come from.	_____	_____	_____
I dislike being criticized.	_____	_____	_____
When a child is angry at me, I get angry in return.	_____	_____	_____
I consider myself to be a flexible person.	_____	_____	_____
Children's feelings are not important because they're so changeable.	_____	_____	_____
Other people think that I interrupt too much.	_____	_____	_____
Children should be seen but not heard.	_____	_____	_____
I hate to make mistakes.	_____	_____	_____
The best methods of child education are hard facts and strict discipline.	_____	_____	_____
I think I have a lot of common sense.	_____	_____	_____
Children should be happy.	_____	_____	_____
I attend church or synagogue almost every week.	_____	_____	_____
I like to answer children's questions.	_____	_____	_____

* * * * * * * * * * *

I am in good health.	_____	_____	_____
I am handicapped. If yes, how? _	_____	_____	_____
There has been a recent death in my family or among my close friends.	_____	_____	_____

	YES/ AGREE	SOME-TIMES	NO/DIS AGREE
I am willing to attend the monthly meetings and any evaluation session scheduled with me during my commitment.	____	____	____
I would always be on time for my scheduled performances unless an emergency arise, in which case I would immediately notify the appropriate person.	____	____	____

Sample 5 -- Job Description

POSITION TITLE:
Puppeteer

RESPONSIBLE TO:
Adolescent Outreach Coordinator

DESCRIPTION:
The puppeteer position is a volunteer position with Montgomery County Suicide Prevention Center, Inc. The puppeteers, in pairs, go into area elementary schools and present puppet skits and lead a discussion following each skit. The primary goal of the puppet skits is to help the children talk about their feelings, but the skits also help to develop the children's concept of death.

REQUIREMENTS:
- -- An interest in working with children
- -- Attend Suicide Prevention Center's training workshop for puppeteers
- -- Participate once a month in a presentation
- -- Attend the monthly puppeteer meetings

FOR MORE INFORMAITON CALL:
Susan Freed 223-9096
Suicide Prevention Center, Inc.

JOB DESCRIPTION

POSITION TITLE:
Adolescent Outreach Speaker

RESPONSIBLE TO:
Adolescent Outreach Coordinator

DESCRIPTION:
The speaker position is a volunteer position with Montgomery County Suicide Prevention Center, Inc. The speakers go into local secondary schools to present a suicide prevention program. The goal of the program is to educate students in how to identify a suicidal friend. They also teach them what to do once they think a friend is suicidal and offers the Suicide Prevention Center to them as a resource in dealing with a suicidal friend or with their own suicidal feelings.

REQUIREMENTS:
- -- An interest in speaking with teens
- -- Participate in speaking engagements
- -- Attend monthly speaker meetings
- -- Attend the Suicide Prevention Center's training course for speakers

FOR MORE INFORMATION CALL:
Susan Freed 223-9096
Suicide Prevention Center, Inc.

Sample 6 -- Reference Check Cover Letter

Dear

has applied to be a part of the Suicide Prevention Center's Speakers Bureau. This is a volunteer position in which the speaker gives information on suicide and its prevention. The majority of our speakers work in middle schools and high schools, although there are opportunities to speak to almost every age group in a wide variety of settings. Our Speakers Bureau provides a training program for all of our new speakers.

Our applicant has used your name as a reference. In order to help us best place the applicant please fill out the reference check form which is enclosed and return it in the enclosed envelope. Your answers will be kept confidential. Thank you for your help.

Peace,

Susan Freed
Adolescent Outreach Coordinator

Sample 7-- Reference Check Form

Suicide Prevention Center, Inc. Speakers Bureau Reference Check

Name of Applicant ______________________

Date ____________

Name of Person Completing the Reference Check ________________

Signature of Person Completing the Reference Check ____________

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. Have you observed the applicant in a crisis (i.e., loss of job, death of loved one, etc.)?

4. If so, how did the applicant handle the stress?

5. Have you observed the applicant in an unexpected situation?

6. If so, how did the applicant react to the situation?

7. Have you observed the applicant speaking to a group?

8. If so, how was the applicant (i.e., relaxed, tense, clear, etc.)?

9. Have you observed the applicant interacting with others, especially with teens?

10. If, so, how does the applicant interact with others?

11. Do you think that the applicant would have a tendency to tell those to whom they are speaking what they should do (i.e., give advice when it is not invited)?

12. What are the applicant's strengths?

13. What the applicant's weaknesses?

14. Would you recommend the applicant for work with the Suicide Prevention Center's Speakers Bureau?

Any additional comments are welcome.

Sample 8-- Welcome Letter

Welcome, we are happy to have you as a part of our Speakers Team training class. Please look at the training schedule and then fill out the training response form. Also, please read and sign the training agreement, if you would like a copy of this please let me know. Otherwise, I will keep this copy in my files. For your information you will find attached a Volunteer Preparation and Participation Flow sheet.

As a part of your first training session I am asking that you prepare a five minute speech. This speech should be on a topic that is important to you and that you feel comfortable talking about. This speech will be taped and then we will talk about how to improve your presentation. You may use notes if you like.

If you have any questions or if I can help you in any way please let me know.

Peace,

Susan Freed
Adolescent Outreach Coordinator

Sample 9 -- Training Dates

PUPPETEER TEAM
FALL TRAINING DATES

DATE TIME	SESSION	LOCATION	SUBJECT
Wed, Sept. 6 9:30 a.m.-Noon	Session 1	UWB	The essentials of puppeteering
Tues, Sept. 22 7-10 p.m.	Session 2	UWB	Agency overview, small groups
Sat, Sept. 26 9 a.m.-5 p.m.	Session 3	UTS	Communication skills Crisis Intervention
Tues, Sept. 29 7-10 p.m.	Session 4	UWB	Dynamics of suicide
Wed, Oct. 7 9:30 a.m.-12:30 p.m.	Session 5	UWB	Children and suicide In the classroom
Wed, Oct. 7 1:30-4:30 p.m.	Session 6	UWB	Special issues
Fri, Oct. 9 1:30-3 p.m.	Session 7	UWB	Policy and Procedures Burn out

Sample 10 -- Training Flow Sheet

VOLUNTEER PREPARATION AND PARTICIPATION FLOW SHEET

Three Teams of volunteers are trained for different functions within the agency:

1. Crisis line Team Members are trained to staff the 24-hour crisis line.
2. Our Speaker Teams do presentations in junior and senior high school settings on the topic of suicide prevention and intervention.
3. Puppeteer Teams perform and process programs for elementary school aged children surrounding the issues of death and dying.

The following chart illustrates the process of participation that occurs once a potential volunteer expresses interest in one of our programs. It should be noted that persons may choose to work on more than one Team.

	Crisis Line	Speaker	Puppeteer
Recruitment			
Application			
Reference			
Screening			
Orientation			
Communication skills			
Crisis/intervention skills			
Suicide/self-destructive behavior			
Skill building			
Burnout			
Resources/referrals			
Policies/procedures			
Observations			
In-practive supervised training			
Flight Check Interview			
Team Member Phase I*			
3-month assessment			
Team Member Phase II*			
One year assessment			
Senior Team Member*			

Sample 11 -- Training Response Form

Suicide Prevention Center, Inc.		Training Response Form

____ I will attend all training sessions.

____ I will have to miss these sessions:

____ Session 1
____ Session 2
____ Session 3
____ Session 4
____ Session 5
____ Session 6
____ Session 7

____ I will attend the make-up sessions for all the sessions that I miss.

____ I am unable to participate at this time, but please let me know about the next training program.

____ I am no longer able to consider working with SPC, Inc. Please remove my name from your list.

______________________________ Name		______________ Date

Sample 12 -- Training Agreement

Suicide Prevention Center, Inc. Training Agreement

I, ________________, understand and agree to the following:

1. I accept responsibility to attend the puppeteer training program.
2. I understand that I am required and accept responsibility to pay a fee for training if I decide not to become a Puppeteer Team member. I understand that this fee covers the expense for training and all training materials.
3. I understand that my commitment to SPC will involve 2-3 day time engagements (approximately 5 hours) per month which includes the monthly team meeting which is held on the first Wednesday of the month.
4. I understand that when unusual circumstances require I be absent from a performance for which I am scheduled, or from the monthly meeting, it is my responsibility to give prior notice to the team resource person and/or the Adolescent Outreach Coordinator.
5. I understand that I am to use discretion concerning my involvement with SPC, Inc.

I further understand that:

1. SPC, Inc. will provide a training course and additional periodic in-service training sessions to provide me with the knowledge applicable to puppeteering, and children's responses to death, loss and grief.
2. SPC, Inc. will provide periodic assessments of my puppeteering and discussion techniques through constructive suggestions and criticisms by my fellow Team Members.
3. The staff of SPC, Inc. will provide an environment and support services that are positive and enable maximum functioning.

________________________ Trainee

________________________ Date

________________________ Suicide Prevention Center, Inc. Director

________________________ Date

________________________ Adolescent Outreach Coordinator

________________________ Date

Sample 13 -- Feedback Form

FEEDBACK FORM FOR SCREENING COMMITTEE

Name (optional):

Date Screened:

We are sincerely interested in making this interview as thorough and as comfortable as possible for the applicant. We would appreciate it if you would take a few moments to answer the following questions:

1. Is there anything we could add/change to make your wait before the interview more comfortable? (i.e., provide more information, let you wait alone, etc.)

2. Do you feel the questions asked of you were appropriate or inappropriate? Can you think of any questions that you would add or delete?

3. How do you feel the Committee responded to you? (i.e., were they warm, condescending, etc.)

4. Did you feel comfortable with the number of people that interviewed you? (i.e., too few, too many, etc.)

5. Was the interview beneficial to you? Why or why not?

6. Did the interview change your view of SPC? In what way(s)?

7. What changes do you feel could help the screening interview be more successful?

(over)

8. Are there any additional comments you would like to make?

Sample 14

Suicide Prevention Center, Inc.

APPLICANT SCREENING EVALUATION

NAME: ________________________________ A = Acceptable

DATE: ________________________________ U = Unacceptable

EVALUATOR: ____________________________

General appearance: A___ U___
COMMENTS:

Self-confidence: A___ U___
COMMENTS:

Overall emotional stability: A___ U___
COMMENTS:

Sense of humor: A___ U___
COMMENTS:

Verbal skills: A___ U___
COMMENTS:

Non-verbal skills: A___ U___
COMMENTS:

Ability to assess own strengths: A___ U___
COMMENTS:

Ability to assess own weaknesses: A___ U___
COMMENTS:

Awareness of own values: A___ U___
COMMENTS:

Ability to respect contradictory values: A___ U___
COMMENTS:

Ability to accept and utilize constructive criticism: A____ U____
COMMENTS:

Empathy A____ U____
COMMENTS:

Ability to cope with stress: A____ U____
COMMENTS:

Overall dependability: A____ U____
COMMENTS:

Motives for working with SPC: A____ U____
COMMENTS:

WHAT DO YOU FEEL ARE APPLICANT'S MOTIVES?:

* * * * * * * * * * *

____ Accepted into SPC' Training Program

____ Not accepted into SPC's Training Program

____ Not accepted into SPC's Training Program, however, may be acceptable at a later date.

If not accepted into SPC's Training Program, to what agency, or agenices, was this applicant referred:

AGENCY	PHONE NUMBER	FOLLOW UP DATE WITH APPLICANT
____________	____________	____________
____________	____________	____________

Applicant's Phone Number: Home ____________ Work____________

Additional comments, if any:

Sample 15 -- Public Speaking Manual

Public Speaking Manual

For some, the ability to be a public speaker is a gift. Others must work very hard to be able to communicate effectively before a group of people.

Presentations can be defined in several ways:

1. A speech is a literary composition that is designed to be heard not read.
2. Speeches are specifically designed for one particular side.
3. A presentation sets out to accomplish a certain clear-cut objective.
4. A presentation should demand a positive response to the speaker's thesis.

To be a public speaker a person needs:

1. The ability to communicate, knowledge of a language.
2. Something to say.
3. The desire to convey your thoughts.
4. Enthusiasm for a worthwhile subject while being thoroughly informed.

The topics you speak about should be selected because you are qualified to handle it by yourself.

This training will begin with the participants reading this manual prior to the session and preparing a 5 minute speech. The training session will involve exercises, video taping, small group discussion and presentations. Following the training, the participants will be invited to attend one or several presentations given by the instructor. In the final stage of training the instructor will accompany each participant to their first presentation.

In general speeches inform, persuade, motivate, stimulate, entertain and/o commemorate. SPC, has three major objectives.

Informing the Public

The most important objective in public speaking for SPC, is to inform the public about suicidology and the agency. We believe that an informed public will better understand why a suicidal situation might occur, signs to watch for, methods of dealing with suicide and the area resources.

Representing the Agency

Everytime a member of SPC, appears in public, an impression of the agency is made. We are interested in accurately representing our goals, objectives, policies and procedures to the public.

Recruitment

A side benefit to public speaking is that through exposure persons may become interested in working with us.

Suicide Prevention Center, Inc. Speakers Workshop

INTRODUCTION
Video tape pre-prepared five minute presentation

Reactions

Techniques
- Breathing
- Body/Space/Eyes
- Personal appearance
- Physical set-up
- Gestures
- Notes

Content
- Hard/Soft
- Vocabulary
- Introduction -- body -- conclusion
- Transition
- Objectives

Visual Aides and Demonstrations

Fielding Questions and Criticism

Involving the Audience

Judging the Audience

Re-tape presentation

Composure Challenge

Resources

Suicide Prevention Center, Inc. Evaluation

Presenter:
Topic:
Audience:
Time:

Techniques

Breathing:

Body/space/eyes:

Personal appearance:

Physical set-up:

Gestures:

Notes:

Content

Hard/soft:

Vocabulary:

Introduction/body/conclusion:

Transitions:

Visual aids Overall:

Fielding questions and criticisms Overall:

Breathing

-- breathe from the diaphragm
-- be aware of breathing effects on a microphone
-- do not talk through your nose
-- vary your volume, pitch, and tone (a monotone is very boring!)
-- hold your head erect
-- practice with a tape recorder

Body/Space/Eyes

-- be careful of non-verbal messages
-- maintain eye contact
-- be assertive
-- move around if possible
-- move into the audience
-- if you are fearful:
    1. recognize and acknowledge
    2. analyze (rational or irrational?)
    3. utilize

Personal Appearance

An audience will be tuned off before you begin if it does not accept your appearance. Cleanliness and being well groomed are only the beginning. You must consider how your audience will be dressed and what they expect their speaker to be wearing.

Physical Set-up

It is important to become familiar with the physical set-up before your presentation so that you may modify it. Keep in mind:

-- the acoustics of the room
-- where props are placed
-- barriers such as desks, podium, tables, etc.
-- placement of microphones.

Gestures

Gestures are a form of communication and to be of maximum benefit they must be and feel natural. Often, this takes some work. Gestures may accentuate a point or be neutral. They help keep your audience's attention and quite frankly add zest to your presentation.

In general it is best to not place your hands in your pockets or behind your back unless it is a definite gesture.

Notes

The best form of notes is a brief outline of your presentation that allows some flexibility. If you begin to run overtime, or your audience is not responding, you must be able to cut or add material. Full sheets of paper or note cards are most often utilized. Do not read your presentation.

Material

Material used in presentations is considered hard or soft. Hard material includes statistics, laws, facts, quotes and research. Soft material is personal experiences, stories and quotes. The best presentations balance these two types of material.

Vocabulary

An assessment of jargon and scientific terms used by persons in the agency must be made before each presentation. If the audience does not understand your terms they may not let you know.

It is important to strive for clarity and simplicity. In general keep these points in mind:

a. use imaginative and figurative words
b. slang is inappropriate unless it is used as a gesture
c. use frequent adjectives and adverbs
d. use "ing" words sparingly
e. if you use long or "scientific" words explain them
f. make clear statements, qualify as few as possible
g. don't use propaganda, name call, pretend to be an expert or a know-it-all
h. don't use "tired" verbs, cliche's (except with myths), or be redundant.
i. avoid the passive voice

Introduction, Body, Conclusion

In a formal presentation there are three main parts. Basically in the introduction you tell the audience what you're about to tell them. In the body, you tell them. In the conclusion you tell them what you've told them!

The introduction has several points:

-- relate yourself to the audience, then to the subject
-- explain your purpose for being there
-- outline your presentation

The body is a balance of hard and soft material. Presentations can be organized several ways:

A. chronologically
B. spatially
C. order of importance
D. problem and solution

The problem and solution approach is most often used for mental health topics such as suicide. In general it follows this sequence:

1. state the problem
2. prove the existence of the problem
3. consequences of the problem
4. how the audience is affected by the problem
5. is there a solution?
6. state possible solutions
7. document solutions
8. relate the audience to the solution
9. call audience to action
10. results of their action

The conclusion portion is a summation, a look to the future, how the audience can become involved and questions from the audience.

Transition

At times, a presentation involves several apparently unrelated topics. It is necessary to do a transition from one to another smoothly so that the audience is not lost. The best method is to state the transition. An example is "up to now we have been discussing __________ now, I'd like to move on to _________."

Presentations need to be approached realistically. Appraise the situation, audience, and material. Consider your subject from the audience's viewpoint. It may be easy to fall into a pattern on your approach, but what worked fine for a high school class may bomb with a church group.

Visual aids and demonstrations always spice up a presentation when used in moderation. Films and poster charts have been the most popular forms of visual materials. Handouts are good because they allow your audience to take home facts. Do not pass them out until the end of your presentation because people will tend to read them and not listen.

Questions and criticisms tend to frighten public speakers. This is a valid fear as these are the times that involve confrontation (heckling also tends to be frightening). Several pointers and practice can help you learn to control your fear.

1. don't answer criticisms or questions if you don't know the answers, acknowledge-then state that you don't know
2. be brief
3. repeat the question or statement first
4. avoid conversation
5. be courteous
6. call in order
7. don't allow yourself to be set-up
8. keep on the subject
9. set a time limit

A public speaker usually improves with practice and feedback. Practice techniques can include using tape or video recorders, speaking in front of mirrors, speaking in front of small groups of family or friends.

Sample 16 -- Values Exercise

Suicide Prevention Center, Inc. Values Exercise

This is an exercise examining people's values concerning death and death through suicide. All cases are totally fictitious.

You are in the position to determine the status of the following deaths:

Natural
Accidental
Suicidal
Homicidal

The only information you have is provided below.

Case 1

Name: Mary Jones

Age: 67

Race: White

Sex: Female

Death scene:

Mary Jones was discovered by a neighbor (Sue Smith) who stated that she had not seen Mary for several days.

Officials responding to the scene found 3 empty bottles of Valium (10 mg) and a note addressed to Jean (her oldest daughter)

> I'm sorry it had to end this way. All my love to the kids and grand kids."
>
> (Signed) "Ma"

Family/friends interview:

Jean (daughter) stated that her mother had been upset over aging, and had said several times that she was going to kill herself.

Ruling:

Case 2

Name: Bob Roberts

Age: 42

Race: White

Sex: Male

Death Scene:

Police responded to a neighbor hearing a gunshot. They found Bob Roberts in a small woods behind his residence.

A 45 caliber handgun was found. Injury appeared as an entry wound under the chin, exit wound in the back of the neck.

Family/friends interview:

Karen Roberts (widow) stated that Bob had an extensive gun collection and that he must have been cleaning the gun when it fired. She also stated that although Bob had been on unemployment for 5 months (laid off combined with disability from a work injury) he seemed in good spirits the day of the incident. Further, Bob was concerned and cared about the future (she commented that in the last several months he had updated their wills and changed insurance policies).

Ruling:

Case 3

Name: Jamie Baker

Age: 7

Race: White

Sex: Female

Death Scene:

Paramedics responded to the local elementary school on report of an accident with personal injury.

Jamie Baker had been carried from the street by two adults who had been walking by when Jamie was struck by a 1972 red Ford station wagon.

A Mrs. Stone was the driver. She was hysterial, stating "She just ran out, I didn't see her." Mrs. Stone was taken to the hospital to be treated for shock.

Family/friends interview:

Family members refused to be interviewed.

Jamie Baker's teacher (Ms. Elm) stated that Jamie was despondent over the death of a favorite grandmother (2 months prior to this incident).

The teacher also stated that Jamie had been asking questions about death, and stated several times that she wanted to die. Ms. Elm said she tried to tell Jamie that she really didn't want to die.

Ruling:

Case 4

Name: Dale Oak

Age: 17

Race: Black

Sex: Male

Death Scene:

A rescue squad responded to a report of an accident with personal injury. Dale Oak was in the auto, which was partially split by a telephone pole.

Police estimated (from witnesses) that Mr. Oak was speeding at approximately 90 miles per hour and "headed straight for the pole" (Mr. Black, eyewitness). There were no skid or tire marks.

Mr. Oak's fiancee was at the scene. Ms. Drop stated that she and Mr. Oak had a severe argument, when he stated "I'll show you!", entered his car and left. Ms. Drop stated that she was trying to follow him because she was concerned. She states that she had trouble keeping up and did not know if he saw her or not.

Family/friends interview:

Family refused to be interviewed.

Ruling:

Case 5

Name: Sharon Hill

Age: 84

Race: Black

Death Scene:

The police were alerted by Mrs. Hill's son (Mr. Hill), who had been called by neighbors, who thought they saw someone hanging through the bathroom window.

Mrs. Hill was in the bathtub, apparently cut down by her son.

The police report indicates that there were several fresh scabs on both wrists. The report also indicates no sign of forced entry or struggle, or other marks on the body.

Family/friends interview:

Mr. Hill (son) stated that the police must arrest a particular neighborhood teenager who has been "harassing" Mrs. Hill.

Neighbors who alerted the son refused to be interviewed.

Ruling:

Case 6

Name: Gary Road

Age: 29

Race: White

Sex: Male

Death scene:

Police responded to neighbors complaining about loud swearing, and Mr. Road running through the neighborhood, brandishing and firing a hand gun.

Police found Mr. Road in his home, but were unable to enter due to Mr. Road firing approximately 8 shots.

After several hours in which there were no shots or shouts, two officers entered the home. They encountered Mr. Road waiting quietly at the top of the tairs. Mr. Road opened fire as the officers began to climb the stairs. Both officers returned the fire. Both officers were injured, one critically.

Family/friends interview:

None available at this time.

Ruling:

Sample 17
Suicide Prevention Center, Inc.

CODE OF ETHICS

1. Confidential information concerning any situation will not be discussed outside the active team members.

2. No Speaker or Puppet Team Member can be scheduled for presentations without fully completing the respective training courses offered by the Suicide Prevention Center, Inc.

3. The Team Member is requested to attend the monthly Team Meeting. Repeated absences, without excuse, may be considered sufficient cause for dismissal.

4. No Team Member may accept remuneration for any activity pertaining to the Suicide Prevention Center, Inc.

5. The Team Member will not attempt to contact, see or meet a person outside of a speaking engagement.

6. Team Members will submit all reports and records in the time and manner described by the Suicide Prevention Center, Inc.

7. It is inappropriate to make counselors, agencies, referral sources, etc., seem inferior-even if you believe them to be so. It is also inappropriate to make any individual or personal referrals (to one's own doctor, therapist, etc.).

8. When talking with a person, matters that one feels strongly about will not be reflected in one's interaction or behavior. When a Team Member feels that attitudes concerning matters such as abortion, marriage, religion, women/men, race, children, sex, etc., are impairing effectiveness, the person is to be referred to another Team Member, staff person, or agency.

9. Remember the purpose and beliefs of the Center. In public, never speak on behalf of the Suicide Prevention Center, Inc., unless authorized to do so. In private, stress that you are expressing your personal opinion.

10. Home phone numbers, addresses, and names of Team Members are never to be revealed. Do not talk about other Team Members, this includes not answering seemingly innocent questions that may be asked. You cannot acknowledge that the person in question volunteers at Suicide Prevention Center.

11. Be sensible regarding the social codes, and moral expectations of the community.

12. Avoid misrepresentation of qualifications, affiliations, purpose of your service, and the Center.

13. Use care and good taste in dressing for a presentation. We are not there to be one of the kids but at the same time we want to be approachable.

Sample 18

Suicide Prevention Center, Inc.

VOLUNTEER BILL OF RIGHTS

WHEREAS,

the origins of our society are rooted in voluntary action, and

WHEREAS,

there is a need to promote understanding and acceptance of the power of voluntary action in society, and

WHEREAS,

one of the basic rights of the individual in this country is freedom of choice, and

WHEREAS,

the millions of individuals who choose to give of their time and talent to promote a better condition for all of our people have certain responsibilities and rights, we do, therefore affirm the following as necessary to achieve for the voluntary sector the power, personal growth, and development to which they are entitled:

1. A variety of options for volunteer involvement recognizing every form of citizen participation and need for recipient satisfaction;
2. Utilization of special skills;
3. Appropriate training, job descriptions, written agreements, evaluations and skills development, with records of performance maintained;
4. Involvement in policy and decision making with recognition of the volunteer as an agent of change;
5. Benefits which include job variety, upward mobility, insurance, space and expenses if possible, tools for performance, provision for credentials, references and proper termination procedures;
6. Mobility and transfer of volunteer work experience toward academic and/or professional certification or paid employment; and
7. Recognition and acceptance of the impact and potential of voluntary services and action through a) research; b) education regarding volunteerism from elementary through graduate schools; and c) communication with business, industry, government and academia.

APPENDIX:

A. Needs Assessment Survey Results

B. Handout: "Your Child and Suicide"

C. Values Exercises for Adults and High School Students

D. Sample School Suicide Policies

E. Ethical and Legal Issues

F. Bibliography

Lifesaver II Needs Assessment Survey

Introduction

In April, 1987 400 questionnaires were sent to school personnel in three local counties to determine their incidence of encountering suicidal ideation and behavior, their attitudes about speaking with suicidal students, the types of professional training they would find most helpful, and what barriers they perceived to suicide prevention efforts in the schools. (See instrument at end of this section.) The results from the 118 respondents are summarized below:

Needs Assessment Survey Results

Mailed: 400 surveys to school personnel in Montgomery, Greene, and Preble Counties.

1-2. Returned: 118 (24%) from:

24	School nurses	(20%)
34	School counselors	(29%)
8	School psychologists	(7%)
27	Secondary teachers	(23%)
21	Elementary teachers	(18%)
4	Administrators	(3%)

3. Number dealing with students thinking about committing suicide in the previous year:

34	No incidence	(28%)
84	At least once	(72%)
9	More than ten times	(7%)

4. Number dealing with students who attempted in previous year:

52	No incidence	(44%)
66	At least once	(56%)
2	More than ten times	(2%)

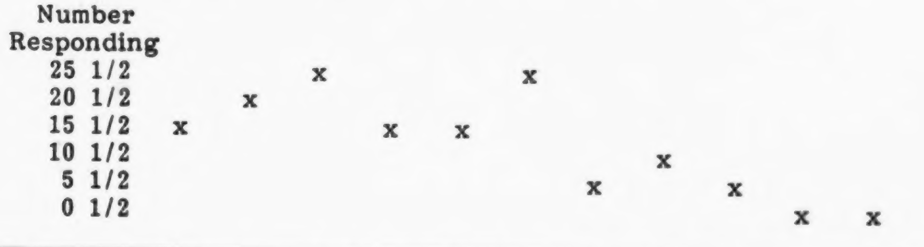
5. Number dealing with student concerned about suicidal friend:

43	No incidence	(36%)
73	At least once	(62%)
9	More than ten times	(8%)

6. Resources used in above situations:

55	Parents/guardians	(47%)
54	School counselor	(46%)
44	School administrator	(37%)
37	School psychologist	(31%)
33	Community mental health center	(28%)
32	Suicide Prevention Center	(27%)
23	School nurse	(19%)
20	Medical professional	(17%)
6	Other	(5%)

7. Perceived comfort at talking with students about his or her suicide:



	10	9	8	7	6	5	4	3	2	1	0
	Very comfortable		Somewhat comfortable					Very uncomfortable			
Values:	13	18	26	12	9	22	6	8	5	1	0

8. Experiences expected to raise comfort level of those indicating discomfort at talking with a student about his or her suicide:

44	More crisis intervention training	(58%)
21	Greater availability of crisis intervention services	(28%)
9	More support for efforts at intervention	(12%)
2	Other (Time)	(2%)

9. Resources respondents would use if available:

87	staff inservice sessions	(74%)
69	mini courses for credit	(58%)
9	non-credit courses	(8%)
40	summer workshop for credit	(34%)
5	non-credit summer workshop	(4%)
53	case consultations with professionals	(45%)

9. Educational levels at which youth suicide prevention training were thought to be most effective:

46	Inservice	(39%)
21	Graduate	(18%)
10	Undergraduate	(8%)
44	All three	(37%)

10. Topics which should be included in a school resource manual on suicide prevention:

105	Facts, theories, attitudes	(89%)
	Links between suicide and __________:	
113	Depression	(96%)
108	Stress	(92%)
99	Alcohol/drugs	(84%)
91	Crisis	(77%)
85	Loss	(72%)
83	Death/dying	(70%)
79	Grief	(67%)
74	Environment	(63%)
93	Tips for involving parents in counseling and treatment	(79%)
88	Dealing with suicide attempts	(75%)
58	Special elementary programs	(49%)

11. Perceived barriers to suicide prevention efforts in the school setting:

89	Lack of staff training	(75%)
71	Lack of trained personnel	(60%)
62	Lack of funding	(53%)
61	Lack of resources for teens	(52%)
52	Lack of program materials	(44%)
34	Lack of parental consent	(29%)
11	Lack of administrative support	(9%)
11	Other (Time)	(9%)

LIFESAVER II NEEDS ASSESSMENT SURVEY

March, 1987

1. School District: ________________________________

2. Position in the school setting:
   - ___ administrator
   - ___ counselor
   - ___ psychologist
   - ___ teacher/grade: ___
   - ___ other: ________

3. Approximately how many times during the 1986-87 school year have you had to deal with a student who was thinking about committing suicide?

   ____ none ____ 1-5 times ____ 6-10 times ____ more than 10 times

4. Approximately how many times during the 1986-87 school year have you had to deal with a student who had attempted suicide, either in the past or just prior to your contact?

   ____ none ____ 1-5 times ____ 6-10 times ____ more than 10 times

5. Approximately how many times during the 1986-87 school year have you had to deal with a student who was concerned that a friend might be contemplating suicide or who had a friend who had made a suicide attempt?

   ___ none ____ 1-5 times ____ 6-10 times ___ more than 10 times

6. Which of the following resources (if any) did you use to assist you in dealing with the above situations?
   - ____school counselor
   - ____school nurse
   - ____Suicide Prevention Center
   - ____Community Mental Health Ctr.
   - ____Other: ________________
   - ____school administrator (principal, etc.)
   - ____school psychologist
   - ____parents/guardians of the student in crisis
   - ____medical professional(physician, hospital emergency room, psychiatrist, etc.)

7. Use a circle to designate your place on a continuum in response to this question: "How comfortable are you when talking to a student when the topic is his/her concern about suicide?"

   10 9 8 7 6 5 4 3 2 1 0

   Very comfortable Somewhat comfortable Very uncomfortable

   If you placed your own feelings at the lower end of the continuum (0-4), which of the following (if any) might raise your level of comfort when talking to a student about suicide?

   - ____ more training in crisis intervention for myself
   - ____ greater availability of crisis intervention services in my building/district
   - ____ more support (from administrators, parents, etc.) for my efforts at intervention
   - ____ Other: ________________________________

PLEASE TURN THIS SHEET AND CONTINUE

8. Which of the following resources would you use/attend if they were made available?

   ____ mini courses for credit (college or CEU) ____ non-credit
   ____ summer workshop for credit (college or CEU) ____ non-credit
   ____ staff in-service session(s)
   ____ case consultation with professionals
   ____ Other: ____________________

9. At which of the following levels could youth suicide prevention/intervention training be most effective to persons in your field of the education profession?

   ____ undergraduate
   ____ graduate
   ____ in-service
   ____ all three

10. Which of the following topics should be included in a resource manual (for school use) on youth suicide prevention? Check as many as apply.

    ____ facts, theories, attitudes, and philosophies of suicidal behavior in children and adolescents
    ____ links between suicide and:
        ____ alcohol/drug abuse
        ____ depression
        ____ loss
        ____ grief
        ____ stress
        ____ crisis situations
        ____ death and dying
        ____ environmental factors
    ____ implementing programs: examples, curriculum materials, staff training and support, handouts
    ____ bibliographical listings (books, films, articles) for adults and students
    ____ peer listening programs; buddy programs for new students, etc.
    ____ special considerations for school nurses, attendance officers, etc.
    ____ support groups for students who have considered/attempted suicide
    ____ child and adolescent developmental issues relating to:
        ____ suicide
        ____ peer vs adult resources
        ____ death concepts
        ____ communication
    ____ tips for involving parents in counseling and treatment
    ____ dealing with suicide attempts/deaths among students/staff
    ____ special programs for elementary level students such as: dealing with stress, coping with loss through divorce, death, moving, etc.
    ____ Other: ____________________

11. Which of the following do you perceive as barriers to effective suicide prevention/intervention efforts in the school setting? Check as many as apply.

    ____ lack of staff training in recognition/intervention/referral
    ____ inability to secure parental consent for treatment
    ____ a lack of resources for teens, such as counseling and support groups
    ____ lack of administrative support for programs
    ____ lack of money to fund programs
    ____ lack of trained personnel to implement programs
    ____ lack of program materials
    ____ Other: ____________________

PLEASE TURN THIS SHEET AND CONTINUE

12. May we contact you for further information/assistance as Project Lifesaver continues in the coming months? If so, please fill in the blanks below:

Name ______________________________

School ______________________________ Work phone: ______________

Thank you for your time and input. You and/or your district will continue to receive information about Project Lifesaver through our mailing list.

PLEASE RETURN COMPLETED SURVEYS BY APRIL 20, 1988 TO:

Suicide Prevention Center, Inc.
P. O. Box 1393
Dayton, Ohio 45401-1393

YOUR CHILD AND SUICIDE

FACTS ABOUT SUICIDE

- Nationally, it is estimated that roughly 500,000 teens attempt suicide each year. That's an average of 57 young people every hour of every day.
- Here in Montgomery County, the Coroner's Office reported 15 suicides in the 15-24 year old age group and one suicide death of a younger child in 1984. For each of these completed suicides, an estimated 50-100 attempts may be made.
- Suicide is the second leading cause of death among 15-24 year olds in the United States; the first is accidental death.
- Suicide is also the sixth leading cause of death among children aged 5-14; again, the chief cause of death is accidents. There are documented cases of children as young as 2 years of age committing suicide here in the United States.
- Children do experience depression and the feelings of loneliness, helplessness, and hopelessness associated with suicide. However, they do not respond to these feelings in the same way as do adults and older teens.

SYMPTOMS OF DEPRESSION IN CHILDREN/TEENS

- Temper tantrums
- Truancy
- Boredom
- Behavioral problems
- Accident proneness
- Acadamic problems
- School phobias
- Fatigue
- Severe withdrawal
- Delinquency
- Hyperactivity
- Eating problems
- Sleeping problems
- Running away from home

SYMPTOMS OF SUICIDAL INTENT IN CHILDREN/TEENS

***Caution: These can represent a normal range of adolescent behavior as well. Look for clusters of symptoms or repetition of a symptom over time.

- Discussion of suicide as an option in response to a life situation or crisis.
- Gathering information about or getting the materials to commit suicide.
- Previous suicide attempts, gestures, or threats.
- Giving away possessions; saying good-bye.
- Self-destructive behavior: scratching the body, drug and alcohol abuse, risk-taking activities.
- Death themes in music, writing, or art.
- Dark, heavy, slashing lines and/or unconnected body parts in doodles and artwork.

- Expression of hopelessness, helplessness, alienation, and anger at self and world.
- Statements that they would not be missed; would be better off dead, etc.
- Sudden dramatic behavior change; especially positive change after depression.

WHAT DO I DO IF I SUSPECT A PROBLEM?

- Ask directly -- talking about suicide does not encourage a person to commit suicide.

- Listen to what they have to say. Focus in on their feelings without making judgements or offering advice.

- Contact the agencies listed at the end of this sheet as you feel a need for additional support and help.

BUT I'M NOT QUALIFIED!

- No special training is needed for a parent to provide emotional support. The key is to develop lines of communication. Suicidal behavior may reflect a breakdown in the family communication system.

- Most teens love life. Suicidal teens want understanding and have a need for communication with a caring adult.

- The warning signs of suicide are not clear cut. At-risk teens require daily evaluation of suicide potential and parents are in the best position to note changes in behavior on a daily basis.

- Recognize that your intervention is limited. Your child needs an objective, helping professional. Ask your child who they trust. If your child enters treatment, but does not seem to be improving or dislikes the helping professional, take them to another person.

- Above all believe your child, their friends and siblings. These young people may be seeing things that you aren't.

WHERE CAN I TURN FOR HELP?

- Suicide Prevention Center Hotline: 223-4777 (24 hour service)
- Montgomery County Mental Health Centers (24 hour service)
- Daymont West: 268-6592
  South Community: 435-6660
  Daybreak (runaway shelter): 461-1000
  Good Samaritan: 278-2612
  Eastway: 254-8406

The above information was compiled from:

- Suicide Facts for Teens, Suicide Prevention Center, Inc., 1985
- Children and Suicide: A Training Manual, Suicide Prevention Center
  1981

Your Child and Suicide
Suicide Prevention Center, Inc., 1985

VALUES EXERCISES

The Values Exercises can be used effectively with both adults and high school students.

The participants should be divided into small groups. Each group should get a copy of the investigator's report for each case which will be discussed. Two or three cases can usually be done in 30 minutes. Instruct the groups to read both sides of the report and to decide on a cause of death ruling from the following list of options:

Natural causes
Accident
Suicide
Homicide

When each group has finished, share the decisions and the reasons behind them with the entire group. A guide for the teacher is included with the seven reports to facilitate this discussion.

OFFICE OF THE CORONER
INVESTIGATOR'S REPORT

Case number 001 Report Date 3-31-87
Ruled: by: Date:
Investigator: Mitchell Thomas At scene: ( ) No (X) Yes Time: 3:30 p.m.
Photographer: Mary Blake (scene) Photographer: Randy Mitchell (morgue)
Pathologist: Raymond F. Palmer, MD Assistant: Janet Barker, MD
Name: Jamie Baker Age: 7
Address: 1509 Elm Street, Reynoldsburg, Ohio 45278
Sex: Female Race: Caucasian Birthdate: 1-9-80 SS #:
Telephone #: 334-9087 Marital Status: ---
Occupation: ---- Employer: ----
Occurrance: 3-27-87 (date) 3:15 p.m. (time) Death: 3-27-87 (date) 4:30 p.m. (time)
Place of occurrance: Reynoldsburg Elementary School, 432 Oak St., Reynoldsburg, OH 45278
Place of death: Memorial Hospital, Reynoldsburg Admission: 3-27-87 (date) 4:15 p.m. (time)
Deceased found by: Myra Thompson Relationship:
Address: 3218 Ridge Avenue, Reynoldsburg, Ohio 45278
Police notified: date time 3:20 p.m. Police arrived date time 3:25 p.m.
First officer: Tom Richards Crew #: 3224
Trauma: ( ) none observed ( ) gun ( ) stab ( ) blunt force ( ) burn
( ) asphyxiation (x) other (x) head (x) neck ( ) chest
( ) abdomen ( ) back (x) arm (x) hand ( ) leg
Weapon ( ) gun ( ) knife ( ) other
( ) none found ( ) weapon taken by (officer) of (police department)
Last contact by: Sandra Ellis Relationship: teacher
3-27-87 (date) 3:00 p.m. (time) Method: left classroom (of contact)
Next of kin: Michael and Anna Baker Relationship: parents
Address: 1509 Elm St., Reynoldsburg, Ohio 45278 Phone: 334-9087
Notified by: police Date: 3-27-87 Time: 3:45 p.m.
Evidence collected school bag and lunch box belonging to Jamie Baker of the above address

Signature of Investigator: Date:
Signature of Coroner: Date:

Death scene: Paramedics responded to the local elementary school on report of an accident with personal injury. Jamie Baker had been carried from the street by Myra Thompson, a passenger in the 1972 Ford station wagon driven by Jan Stone. Ms. Stone was hysterical, stating, "She just ran out in front of me. I didn't even see her." Ms. Stone was taken to the hospital to be treated for shock.

Interviews: Family members refused to be interviewed. Ms. Virigina Elm, Jamie's second grade teacher, stated that Jamie had been despondent over the death of a favorite grandmother two months ago. The teacher also stated that Jamie had been asking questions about death and that Jamie had stated several times that she wished she could "visit grandma." On one occasion Jamie had actually said she wanted to die. Ms. Elm said she tried to tell Jamie that she didn't really want to die and then she had told the counselor what Jamie had been saying.

Jack Barnett, the guidance counselor at Middleview Elementary said that he had talked to Jamie at her teacher's request and knew that the child was upset by her grandmother's death. He said he tried to contact both parents but they never returned his phone calls.

OFFICE OF THE CORONER

INVESTIGATOR'S REPORT

Case number 002 Report Date 5-14-87

Ruled: by: Date:

Investigator: Mitchell Thomas At scene: ( ) No (X) Yes Time: 9:45 p.m.

Photographer: Mary Blake (scene) Photographer: Randy Mitchell (morgue)

Pathologist: Raymond F. Palmer, MD Assistant: Janet Barker, MD

Name: John Walt Age: 12

Address: 23 Ridgeway Dr., Danville, Ohio 45276

Sex: Male Race: Black Birthdate: 4-6-75 SS #:---

Telephone #: 324-7856 Marital Status: ---

Occupation: ---- Employer: ---

Occurrance: 5-04-87 (date) 8:45 p.m. (time) Death: 5-04-87 (date) 8:45 p.m. (time)

Place of occurrance: residence

Place of death: residence Admission: date time

Deceased found by: Thelma Walt Relationship: mother

Address: 23 Ridgeway Dr., Danville, Ohio 45276

Police notified: 5-04-87 (date) 9:15 p.m. (time) Police arrived 5-04-87 (date) 9:35 p.m. (time)

First officer: Ruth Smith Crew #: 234

Trauma: (x) none observed ( ) gun ( ) stab ( ) blunt force ( ) burn

( ) asphyxiation ( ) other ( ) head ( ) neck ( ) chest

( ) abdomen ( ) back ( ) arm ( ) hand ( ) leg

Weapon ( ) gun ( ) knife ( ) other

( ) none found ( ) weapon taken by officer of police department

Last contact by: Thelma Walt Relationship: mother

5-04-87 (date) 7:15 p.m. (time) Method: verbal (of contact)

Next of kin: Thelma Walt Relationship: mother

Address: 23 Ridgeway Dr., Danville, Ohio 45276 Phone: 324-7856

Notified by: Date: Time:

Evidence collected 1 bottle from vodka (empty); 1 bottle Valium (5 remaining)

Signature of Investigator: Date: 05/16/87

Signature of Coroner: Date:

Death scene: Police were called to the home of Thelma Walt who had reported finding her son unconscious in his bed. Parmedics were unable to revive John Walt, age 12, who was pronounced dead at the scene. A bottle containing 5 Valium tablets and an empty bottle of vodka was found near the body.

Interviews: Thelma Walt (mother) said that John's father had committed suicide five months previously. John never mentioned his father's death after the funeral. She said that John had not been eating or sleeping well lately, but that she knew he was upset by his father's death. She said the Valium tablets were hers and that they had been prescribed by her physician to help her cope with her husband's death. She said John's father had been an alcoholic, but that John "never touched booze" because he said he never wanted to end up like his father.

Mr. Phillip Smith, John's sixth grade teacher at Blanchester Middle School, said that John had always been quiet and reserved. John had a mild learning disability and received special tutoring in math and reading. He said John had only one close friend that he knew of, Sam Crider, a seventh grader who was tutored along with John. Mr. Smith said he had attended the funeral of Matthew Walt and that John had remained close to the casket but showed no outward emotion.

Sam Crider, John's closest friend, said John was very angry about his father's alcoholism and death. Sam said that John had been drinking heavily on occasion, but mostly on weekends and never at home. He said John never talked about suicide, but that John had said that he was "afraid of growing up just like dad."

OFFICE OF THE CORONER
INVESTIGATOR'S REPORT

Case number 003 Report Date 6-17-87
Ruled: by: Date:
Investigator: Sara Smith At scene: ( ) No (X) Yes Time: 11:35 p.m.
Photographer: Jim Donahue (scene) Photographer: Jim Donahue (morgue)
Pathologist: Jean Packard, M.D. Assistant: Tom Sanderson, MD
Name: Kimberly Weber Age: 17
Address: 456 Timber Trail, Columbus, Ohio 45673
Sex: Female Race: Caucasian Birthdate: 1-26-70 SS #:345-89-7612
Telephone #: 241-7832 Marital Status: single
Occupation: clerk Employer: Trudy's Hallmark Shop
Occurrance: 6-12-87 (date) 11:05 p.m. (time) Death: 6-12-87 (date) 11:05 p.m. (time)
Place of occurrance: Piketon Road, 1/4 mile from I-71
Place of death: same Admission: (date) (time)
Deceased found by: John Barker Relationship: passer-by
Address: 345 Casher Lane, Piketon, Illinois 34786
Police notified: 6-12-87 (date) 11:10 p.m. (time) Police arrived 6-12-87 (date) 11:20 p.m. (time)
First officer: Mike Thomas Crew #: 3241

Trauma: ( ) none observed ( ) gun ( ) stab ( ) blunt force ( ) burn
( ) asphyxiation (x) other (x) head (x) neck (x) chest
( ) abdomen ( ) back (x) arm (x) hand ( ) leg

Weapon ( ) gun ( ) knife ( ) other
( ) none found ( ) weapon taken by (officer) of (police department)

Last contact by: Mark Jeffers Relationship: boyfriend
6-12-87 (date) 10:30 p.m. (time) Method: verbal (phone) (of contact)
Next of kin: Mary Weber Relationship: mother
Address: 456 Timber Trail, Columbus, Ohio 45673 Phone: 241-7832
Notified by: police Date: 6-12-87 Time: 12:15 a.m.
Evidence collected college acceptance letter from Indiana University

Signature of Investigator: Date: 6/13/87
Signature of Coroner: Date:

Death scene: Police responded to a call concerning a single-car collision on Piketon Road, 1/4 mile from Interstate 71. A car, driven by Kimberly Weber, 17, had left the road, overturned, and come to rest in Bedford Creek. Miss Weber had been thrown from the vehicle and was found 10 feet away from the creek bank. She was pronounced dead at the scene.

Interviews: John Barker of Peakville, Illinois, had been driving behind the Weber car and called police on his CB radio immediately after the crash. He said that the car had been traveling at a high rate of speed and that it had crossed the center line twice before leaving the road.

Mary Weber, mother of Kimberly, said that her daughter had received a letter of acceptance from Indiana University just that afternoon. The university's offer included a full 4-year scholarship to study microbiology. She said Kim was "elated" because the family had limited income since the death of Mr. Weber six years before. Mary Weber said she was at work (Sanderson Construction, Inc.) when she received the call about Kim's accident.

Toni Mitchell, manager of Trudy's Hallmark Shop where Kimberly was employed after school, said Kimberly was a good student and an excellent worker. Toni said that Kimberly seemed proud and excited about her scholarship and that Kimberly had even shown it to several customers.

Mark Jeffers, Kimberly's boyfriend, said that Kimberly had phoned him at home about 10:15 p.m. They spoke for abut 15 minutes, mostly about her letter from Indiana University. He said Kimberly became angry when he suggested that they continue to see each other during holidays and vacations, but that they date other people while she was away at school. Mark said Kimberly terminated the call by hanging up abruptly at about 10:30 p.m.

OFFICE OF THE CORONER
INVESTIGATOR'S REPORT

Case number 004 Report Date 5-23-87
Ruled: by: Date:
Investigator: Thomas Johnson At scene: ( ) No (X) Yes Time: 10:35 p.m.
Photographer: Mitch Prithard (scene) Photographer: Harold Jones (morgue)
Pathologist: Matthew Miller, MD Assistant: Gina Roberts, MD
Name: Randall Butcherd Age: 16
Address: 231 Piketon Road, Cincinnati, Ohio 45632
Sex: Male Race: Caucasian Birthdate: 10-19-70 SS #:345-78-9706
Telephone #: 997-8976 Marital Status: single
Occupation: student Employer: ----
Occurrance: 5-2-87 9:15 a.m. Death: 5-3-87 7:00 a.m.
date time date time
Place of occurrance: residence
Place of death: Cincinnati General Hospital Admission: 5-2-87 9:35 a.m.
date time
Deceased found by: Sandy Butcherd Relationship: sister
Address: 231 Piketon Road, Cincinnati, Ohio 45632
Police notified: 5-2-87 9:20 a.m. Police arrived 5-2-87 9:30 a.m.
date time date time
First officer: Bill Simons Crew #: 3241

Trauma: ( ) none observed (x) gun ( ) stab ( ) blunt force ( ) burn
( ) asphyxiation ( ) other (x) head (x) neck ( ) chest
( ) abdomen ( ) back ( ) arm ( ) hand ( ) leg

Weapon (x) gun ( ) knife ( ) other
( ) none found ( ) weapon taken by of
officer police department

Last contact by: Jim Butcherd Relationship: father
5-2-87 8:00 a.m. Method: face-to-face
date time (of contact)
Next of kin: Jim and Louise Butcherd Relationship: parents
Address: 231 Piketon Road, Cincinnati, Ohio 45632 Phone: 997-8976
Notified by: police Date: 6-12-87 Time: 12:15 a.m.
Evidence collected gun (.45 caliber handgun); box of ammunition; sealed envelope (unmarked)
Signature of Investigator: Date: 5/23/87
Signature of Coroner: Date:

Death scene: Police responded to a call from Sandy Butchard, sister of the deceased. Randall Butchard was found lying face down on his bed. A .45 caliber handgun was found. Injury appeared to be an entry wound from under the chin and an exit wound in the back of the head.

Interviews: Sandy Butchard said she was downstairs washing breakfast dishes when she heard the gunshot. She ran upstairs and found her brother. Sandy immediately summoned a rescue and Randall was removed to Cincinnati General Hospital, where he died the following morning without ever regaining consciousness.

Sandy said that Randall had recently been hired to work at Smith's Marathon Station and was to have begun work on Monday, May 4. She said he had broken up with his girlfriend of two years several weeks ago, but that he had been much more cheerful since getting the job.

Jim and Louise Butchard, parents of the deceased, refused to be interviewed.

Sam Miller, principal of Grant High School, where Randall was a junior, said he had known the family for many years. He knew of no particular problems, but said that Mr. Butchard expected "a lot out of his kids" and "wanted to have the best for them." He said Randall was a B student, but preferred working with his hands to hitting the books. Both Randall and his father enjoyed hunting and owned an extensive gun collection.

Sally Jones, former girlfriend of the deceased, said that she and Randall had mutually agreed to see other people, in fact it was his idea. She had spoken to him Friday at school and he seemed happy about his new job. He told her he hoped to save enough money to buy a membership in a local gun club. She said Randall was extremely knowledgeable about guns and must have had an accident while cleaning one of them.

OFFICE OF THE CORONER
INVESTIGATOR'S REPORT

Case number 005 Report Date 8-14-87

Ruled: by: Date:

Investigator: Harold Williams At scene: ( ) No (X) Yes Time: 6:45 p.m.

Photographer: Fred Wilson (scene) Photographer: Thomas Richardson (morgue)

Pathologist: Mary A. Johnson, MD Assistant: Sandra L. Smith, MD

Name: Gary Road Age: 20

Address: 2321 Ellis Avenue, Apt 4A, Lyonsville, Ohio 45367

Sex: Male Race: Caucasian Birthdate: 6-20-67 SS #:149-76-9087

Telephone #: no phone Marital Status: divorced

Occupation: unknown Employer: unemployed

Occurrance: 8-12-87 (date) 4:45 p.m. (time) Death: 8-12-87 (date) 6:45 p.m. (time)

Place of occurrance: 2321 Ellis Avenue, Apt. 4A

Place of death: 2321 Ellis Avenue, Apt. 4A Admission: date time

Deceased found by: Officer Randall Richards Relationship: none

Address:

Police notified: 8-12-87 (date) 4:45 p.m. (time) Police arrived 8-12-87 (date) 4:30 p.m. (time)

First officer: Randall Richards Crew #: 124

Trauma: ( ) none observed (x) gun ( ) stab ( ) blunt force ( ) burn
( ) asphyxiation ( ) other ( ) head ( ) neck (x) chest
( ) abdomen ( ) back ( ) arm ( ) hand ( ) leg

Weapon (x) gun ( ) knife ( ) other
( ) none found ( ) weapon taken by (officer) of (police department)

Last contact by: Mary Williams Relationship: apartment manager
8-12-87 (date) 1:30 p.m. (time) Method: said "hello", entered building (of contact)

Next of kin: Relationship:

Address: Phone:

Notified by: police Date: 6-12-87 Time: 12:15 a.m.

Evidence collected .45 caliber handgun; several boxes of unused shells

Signature of Investigator: Date:

Signature of Coroner: Date:

Death scene: Police responded to neighbors complaining about loud swearing and Mr. Road running through the neighborhood, firing a hand gun into the air. Police found Mr. Road in his apartment but were unable to enter due to Mr. Road firing approximately 8 shots.

After several hours, when there were no more sounds of movement or shots coming from the apartment, two officers entered the front room. They found Mr. Road sitting at the top of the stairs to the upper level of this townhouse. Mr. Road opened fire as the officers began to climb the stairs. Both officers returned fire. After the exchange of gunfire, Mr. Road was dead and one officer critically wounded.

Interviews: No family members were available for interview.

Mary Williams, manager and a resident in the same apartment building, said that Gary Road was a "weird one, but he always paid his rent on time and never caused any trouble." She said that he never spoke of family and no one had been seen entering or leaving the apartment other than the deceased in the 6 months he had lived in the building.

OFFICE OF THE CORONER
INVESTIGATOR'S REPORT

Case number 006 Report Date 11-6-87
Ruled: by: Date:
Investigator: Sandra Casey At scene: ( ) No (X) Yes Time: 11:45 p.m.
Photographer: James Mitchell (scene) Photographer: Roger Thomas (morgue)
Pathologist: Ellis R. Wynan, MD Assistant: Jeffrey Smith, MD
Name: Y Lavonna Bartel Age: 18
Address: 2300 Fifteenth St., Apt 12-A, Cleveland, Ohio 45398
Sex: Female Race: V Black Birthdate: 2-9-69 SS #:367-98-7654
Telephone #: no phone Marital Status: single
Occupation: waitress Employer: Frisch's, Cleveland Heights, Ohio
Occurrance: 11-1-87 11:45 a.m. Death: 11-2-87 9:00 a.m. (approx.)
date time date time
Place of occurrance: 2391 Old Towne Road, Columbus, Ohio 45326
Place of death: 2391 Old Towne Road Admission:
date time
Deceased found by: Randy Price Relationship: neighbor
Address: 2393 Old Towne Road
Police notified: 11-1-87 11:00 a.m. Police arrived 11-1-87 11:15 a.m.
date time date time
First officer: Regina Jones Crew #: 675

Trauma: ( ) none observed ( ) gun ( ) stab ( ) blunt force ( ) burn
(x) asphyxiation ( ) other ( ) head ( ) neck ( ) chest
( ) abdomen ( ) back ( ) arm ( ) hand ( ) leg
Weapon ( ) gun ( ) knife ( ) other
( ) none found ( ) weapon taken by of
officer police department

Last contact by: Eloise Bartel Relationship: mother
10-15-87 evening Method: telephone
date time (of contact)
Next of kin: James and Eloise Bartel Relationship: parents
Address: 2391 Old Towne Road Phone: 675-8900
Notified by: Randy Price Date: 11-1-87 Time: 12:35 p.m.
Evidence collected 2 suitcases; purse (both inside the vehicle belonging to Miss Bartel) an empty pill bottle (unmarked)
Signature of Investigator: Date:
Signature of Coroner: Date:

Death scene: Police were called to investigate a report of a car running inside a locked garage. Upon arrival they were met by Mr. Randy Price, the neighbor who had placed the call for assistance. Mr. Price said the family was on vacation and he had no idea who might have gained entry to the garage. Police opened a side door and were met by intense carbon monoxide fumes. The deceased, Lavonna Bartel, was found lying near the side door.

Interviews: James and Eloise Bartel, parents of the deceased, had been vacationing at the time of their daughter's death. They said she had left home and dropped out of high school in September to go live with an older boyfriend in Cleveland. They had no idea Lavonna had planned to come home, although they knew that she and Duane Bennett (boyfriend) had been having financial difficulties. Eloise said that Lavonna had called two weeks ago asking for money to pay the rent. The money had been sent the next day, but Lavonna had not called back. Lavonna has no telephone and could not be reached.

Thad Bartel, brother of the deceased, said that he never understood why his sister had dropped out of school to go with Duane. Thad said that until she had met Duane, Lavonna planned to finish high school and study to become a beautician. Thad said that Duane had once offered to get him some pot and that he thought Duane might be involved with drugs.

Duane Bennett was unavailable for interview.

OFFICE OF THE CORONER
INVESTIGATOR'S REPORT

Case number 007 Report Date 4-25-87
Ruled: by: Date:
Investigator: Betty Rhoades At scene: ( ) No (X) Yes Time: 4:20 p.m.
Photographer: Thelma Richards (scene) Photographer: Thomas Bradford (morgue)
Pathologist: Matthew Robertson, MD Assistant: Thomas Anderson, MD
Name: Max Arnold Age: 14
Address: 145 West St., Camden, Ohio 45089
Sex: Male Race: Black Birthdate: 4-1-73 SS #:----
Telephone #: 478-8907 Marital Status: ------
Occupation: ---- Employer:
Occurrance: 4-20-87 3:15 p.m. Death: 4-20-87 3:15 p.m.
date time date time
Place of occurrance: residence
Place of death: residence Admission:
date time
Deceased found by: Jason Richards Relationship: neighbor
Address: 147 West St., Camden, Ohio 45089
Police notified: 4-20-87 3:35 p.m. Police arrived 4-20-87 3:47 p.m.
date time date time
First officer: Warren Blake Crew #: 34
Trauma: ( ) none observed ( ) gun ( ) stab ( ) blunt force ( ) burn
(x) asphyxiation (x) other ( ) head (x) neck ( ) chest
( ) abdomen ( ) back ( ) arm ( ) hand ( ) leg
Weapon ( ) gun ( ) knife ( ) other
( ) none found ( ) weapon taken by of
officer police department
Last contact by: Sara Arnold Relationship: mother
4-20-87 8:00 a.m. Method: said goodbye when left for school
date time (of contact)
Next of kin: Anthony and Sara Arnold Relationship: parents
Address: 145 West St., Camden, Ohio 45089 Phone: 478-8907
Notified by: Jason Richards Date: 04-20-87 Time: 5:10 p.m.
Evidence collected rope

Signature of Investigator: Date:
Signature of Coroner: Date:

Death scene: Police were called to investigate the scene of a hanging. Upon arrival the officers found Max Arnold lying on the ground at the base of a tree in his backyard, the rope still around his neck. His next-door neighbor said he "couldn't bear to see Max just hanging there" and had cut him down. Max's stepmother had gone to the grocery and his father was at work at the time of the incident.

Interviews: Jason, the neighbor, said that Max was "a good kid, but a loner." He said that he had frequently seen Max being pushed and hit by other children and that Max seldom fought back. He said Max spent a lot of time at his (Jason's) house, spending hours playing with a model train set in the basement. He said Max seldom spoke of anything personal, but that last week Max mentioned that his father and stepmother were considering a divorce. Max seemed pretty down about not having what he called "a real family."

Anthony Arnold, Max's father, said that he couldn't believe that his son would commit suicide and demanded an investigation, saying, "talk to those lousy kids -- they're the murderers."

Sara Arnold, stepmother, said that she had called the school principal about the harassment of her stepson but nothing had been done to help Max.

Leon Jeffers, principal of Max's school, said that the school personnel were aware of Max's problems, but that little could be done since most of the abuse occurred off school property. Max's grades had fallen and several teachers said that Max had become disruptive in class. Max had been sent to the office just last week but refused to name the people who had been beating upon him and promised to behave better in class.

Tom Jones, a friend of the deceased, said that last week Max had a rope in his locker at school and that Max said he wished he could "just wrap it around someone's neck."

DISCUSSION GUIDE FOR VALUES EXERCISES

NOTE: Only a brief synopsis for discussion accompanies each case. For further information, refer to the chapters of this manual which discuss each set of factors in detail.

Case #001: Jamie Baker, Age 7

Because Jamie is only 7 years old, her death is unlikely to be ruled a suicide despite the information provided by her teacher. A seven-year-old child does not share the adult's concept of death as a permanent state. Therefore, Jamie may have reasoned that she could "visit Grandma" and return. With a child so young warning signs are more difficult to observe or to interpret correctly. Also, children are very impulsive and usually will not "plan" a suicide as an older person would. When the situation involves the death of a significant loved one, the child's expression of a desire to die or to rejoin that person must be dealt with immediately. Adults frequently underestimate the child's ability to grieve and feel intense emotional pain over such a loss.

Case #002: John Walt, Age 12

Although also very young, by the age of 12 most children do understand that death is permanent. Some may not yet be ready to accept the inevitability of death for themselves and their loved ones. Many adolescents also have a highly romanticized notion of suicide death and may fantasize a dramatic rescue and resolution to the problems which are causing the emotional pain. An adolescent frequently will discount the lethality of the drug and alcohol combination despite the educational efforts of the school or parents.

The death of his father would have been difficult enough for John to accept. That the death was a suicide poses an even greater risk -- survivors of suicide have a 300% higher risk of attempting suicide themselves, and as an adolescent John is already a high-risk person. The changes in John's eating and sleeping patterns and his involvement in drinking are serious warning signals of an impending suicide attempt. That John expressed a fear of growing up to become an alcoholic like his father heightens the need for immediate intervention.

Case #003: Kimberly Weber, Age 17

The group discussion of this case frequently centers around Kimberly's anger at the time of her death. Many students may say that she was driving too fast because she was angry at her boyfriend. Others will point out that teens are frequently impulsive and that her anger may have spurred her to a suicidal act she would not have considered otherwise. Experts point out that many single-car accidents may actually be disguised suicides.

Although many people will point out Kimberly's elation over her scholarship, even good news can be stressful, especially if it involves uncertainty. In any event, the pain over the possible loss of her boyfriend may have overridden Kimberly's ability to see the long-term potential for increased success in college. To her, college may have appeared as an impediment to an important relationship.

Case #004: Randall Butcherd, Age 16

Cases such as this are not uncommon. Randall's expertise with guns provides his loved ones with a ready means of denial despite all the evidence of suicide. The key to the coroner's decision is frequently the presence of "hard evidence" such as a suicide note. Even if Randall's poem had specifically mentioned suicide, the death may have been ruled accidental in an effort to spare the family undue pain and embarrassment. This case provides an excellent opportunity to discuss the danger of denial among suicide survivors.

Several warning signs were present prior to Randall's death: a recent break-up with a girlfriend, cheerfulness after a depression, possible parental pressure and high expectations, and a poem expressing alienation and emotional pain.

Case #005: Gary Road, Age 20

Although he was actually shot by the police officer, this death is an example of a "victim-precipitated suicide" because Gary induced the officer to fire back at him. People like Gary may have a strong wish to die but be unable to complete the suicide on their own. Some homicides may actually be "victim-precipitated" as well.

Persons like Gary, loners with no family or social connections, are at high risk for suicide. They are often difficult to spot ahead of time because of this lack of human connections.

Case #006: Lavonna Bartel, Age 18

This case points out the ambivalence of the suicidal person. Since the body was found near an exit, it is very possible that Lavonna had changed her mind about suicide, but had been overcome by the fumes. Many people who have attempted suicide will later say that at some point they realized that they did not really want to die. Some of these individuals initiate their own rescue by calling a suicide prevention center or rescue squad. Others are fortunate enough to be found by someone else. An unknown number of suicides also may be people like Lavonna, who inadvertently pass the point of no return.

Lavonna's situation put her at-risk for suicide: dropping out of school and abandoning career goals, a call requesting financial help for rent, and possible drug involvement. Lavonna may have returned home for help only to find her parents gone on vacation. This may have contributed to her overwhelming sense of abandonment and despair.

Case #007: Max Arnold, Age 14

With a hanging of this type, it is difficult to deny a suicide, yet this is what Max's father is attempting to do. Persons who suffer abuse such as that endured by Max usually have low self-esteem and may easily succumb to feelings of hopelessness and helplessness. It is possible that Max's inability to direct his anger appropriately at the peers who were causing the pain eventually led to his directing the anger at himself for this failure.

This case includes many warning signs: Max was a loner, with few friends his own age, he was harrassed by his peers, his parents were considering a divorce, his grades and behavior at school were deteriorating, and he had made a direct reference to using a rope in his possession "around someone's neck."

SAMPLE SCHOOL SUICIDE POLICIES

Introduction

Beginning in 1986, Fairfield City Schools were serviced on a system wide basis by the Suicide Prevention Center, Inc. The Fairfield City Schools have graciously consented to present the policies and procedures which grew out of this process as a model for policy development in other schools. We appreciate the efforts of Paul E. Thomas, the Fairfield City Schools Curriculum Coordinator, in making these policies available.

DRAFT

Fairfield City Schools

Procedure to Follow After a Suicide Completion

1. The building principal will direct all steps in this procedure, and will document every step in the handling of information about the suicide.

2. Parental permission to release information related to the death is not required, since a death is public information.

   However, the death must have been officially ruled a suicide for these procedures to be followed.

3. There will be an announcement on the PA so that everyone learns the same information at the same time. This is also considered to be a more personal way of handling the information than putting it in writing.

   A sample statement might include these points:
   - "Join me in a moment of silence in memory of ------, who many of you may have heard died (and then how and when)."
   - "These are the arrangements..." or "We are not aware of the arrangements."
   - "If there are other questions, you may talk to (name designated individual and identify location.)"
   - Give the school procedure regarding attendance at the funeral, etc.
   - The school may want to arrange for a memorial service, especially if the funeral is closed to students.

4. Students and staff should be informed that the Director of Community Relations is the designated individual to handle media requests for information.

   Students and staff should refer media requests for informaiton to this person.

5. Troubled students should be counseled immediately.

6. An assembly may be organized after the funeral.

   The assembly programs should be for no more than 400 or 500 students at a time. The assemblies may be held by grade level.

   In an assembly program the opening comments will include these points:

   - The person's name
   - That they died and how it happened
   - Comments about how the suicidal person feels (that they were in a lot of pain).
   - Guilt feelings and the possibility that people who knew the student may have these feelings.
   - Acknowledgement that some of them may be considering suicide, and identification of resource people who are available. This may include the school nurse, psychologists, resource officers, counselors, and/or representatives from outside agencies.

   No media should be allowed in the assembly.

   The resource people will be introduced and students will be told where they will be located after the assembly.

7. A meeting with all staff members may be held between the time of the death and the student assembly program to address staff concerns which may include a review of suicide assessment and intervention techniques, etc. The staff should also be alerted to the possible contagion effect.

   The staff will be advised to watch for "at risk" students and identify them to designated individuals.

   A time and opportunity should also be provided for small group staff meetings where they might talk about their feelings.

8. Provisions will be made for concerned students to be involved in special activities, support group meetings for their peer group, etc.

9. There may need to be a special program for parents to deal with concerns, as well as the need for information and inservice.

SAMPLE SCHOOL SUICIDE POLICIES

DRAFT
Fairfield City Schools

Procedure to Follow After a Serious Suicide Attempt Which Takes Place On School Property or at a School Event

1. The building principal will direct all steps in this procedure, and will document every step in the handling of information about the suicide attempt.

2. Although it is not legally required to have parental permission, as a courtesy, parents of the attempter will be notified of school plans regarding its handling of the situation.

3. The building principal, working with other key decision makers (the school nurse, and other trained personnel, which may include the school psychologist, counselors, resource officer, and teachers) will:

   a. Immediately prepare a memo to all staff members describing the events of the attempt, including as much detail as is known at the time.

   b. The memo will include instructions listing three options that the teacher has for handling the information:

      1.) Teachers may read the information to themselves, and discuss it with the class as they choose.

      2.) Teachers may draw selected students from the class and inform them of the contents of the memo, or

      3.) Teachers may read and share the contents of the memo with the entire class.

      The teachers should be advised to use their professional judgment regarding how much information is appropriate to share with their particular class.

      In all instances the teachers should answer student questions truthfully.

   c. The memo will state "This is the correct information as we know it at this time."

   d. All memos will be time-dated.

3. continued.

   e. The memo will identify the designated individual(s) (which may include such people as counselors, resource officers psychologists, nurse, and outside agencies) to whom troubled students may be sent and to whom additional questions may be addressed, and where the designated individuals will be located.

   f. The final line of the memo will read: "You will be kept informed. Other memos will be issued as more information is available."

   g. If a staff meeting is to be held, it may be announced at this time.

4. A meeting with all staff may be held to provide an opportunity to talk about their feelings and to address such staff concerns as: small group meetings, a review of suicide assessment and intervention techniques, etc. The staff should also be alerted to the possible contagion effect.

5. The memo will identify the Director of Community Relations as the designated individual to handle media requests for information.

   Students and staff should refer media requests for information to this person.

6. The building principal and/or a designee will offer an extension of support to the attempter and the family, letting them know specifically those services which the school can offer to their child, and referral information for those services which cannot be provided by the school.

7. The school may want to consider further steps in the case of repeat attempters.

8. Provisions may be made for concerned students to be involved in special activities, such as making get well cards, arranging a hospital visit, support group meetings for the peer group, etc.

9. Before the student returns:

   a. The student may be asked to identify an adult staff member with whom they feel comfortable, if one is not readily identified by the principal.

9. continued.

   b. A trusted adult from the school should visit the student to tell them what has been done and said in school so far. The adult should inquire about the student's wishes to return to school -- half-day basis, full-day, etc. The adult may also ask what information about the attempt the student would like to have shared at school.

   c. Classes or groups to which the students will be returning should be informed about appropriate ways to interact with the attempter.

November 19, 1987

DRAFT

Fairfield City Schools

Procedure to Follow After a Serious Suicide Attempt Which Does Not Take Place On School Property or at a School Event

1. The building principal will direct all steps in this procedure and will document every step of the procedure in the handling of information about the attempt.

2. In order to share information about the attempt, permission must be obtained from the parents.

3. Contact with parents should be made in person by the principal, a memo will be sent to all staff members.

4. The memo will include instructions listing three options for handling the information:

   a. Teachers may read the information to themselves, and discuss it with the class as they choose.

   b. Teachers may draw selected students from the class and inform them of the contents of the memo, or

   c. Teachers may read and share the contents of the memo with the entire class.

   Teachers should be advised to use their professional judgment regarding how much information is appropriate to share with their particular class.

   In all instances the teachers should answer student's questions truthfully.

   The memo will state that the parents have given permission to share the information.

   All such memos will be time-dated.

   The memo will identify the designated individuals(s) (which may include such people as counselors, resource officers, psychologists, nurse, and outside agencies) to whom troubled students may be sent and to whom additional questions may be addressed, and where the designated individuals will be located.

   The final line of the memo will read: "You will be kept informed. Other memos will be issued as more information is available."

If a staff meeting is to be held, it may be announced at this time.

5. Provisions will be made for addressing staff concerns through such activities as: small group meetings, a review of suicide assessment and intervention techniques, etc. The staff should also be alerted to the possible contagion effect.

   The staff will be advised to watch for "at risk" students and identify them to designated individuals.

   A time and opportunity should also be provided for small group staff meetings where they might talk about their feelings.

6. The memo will identify the Director of Community Relations as the designated individual to handle media requests for information.

   Students and staff should refer media requests for information to this person.

7. The building principal and/or a designee will offer an extension of support to the attempter and the family, letting them know specifically those services which the school can offer to their child, and referral information for those services which cannot be provided by the school.

8. Provisions may be made for concerned students to be involved in special activities, such as making get well cards, arranging a hospital visit, support group meetings for the peer group, etc.

9. Before the student returns:

   a. The student may be asked to identify an adult staff member with whom they feel comfortable, if one is not readily identified by the principal.

   b. A trusted adult from the school should visit the student to tell them what has been done and said in school so far. The adult should inquire about the student's wishes to return to school -- full-day basis, half-day, etc. The adult may also ask what information about the attempt the student would like to have shared at school.

      There should be an on-going, open relationship between the child and the trusted adult.

   c. Classes or groups to which the student will be returning should be informed about appropriate ways to interact with the attempter.

Fairfield City Schools

Notification Procedure
for Reporting Suicidal Tendencies

Individuals with knowledge of a student who is suspected of being suicidal shall contact the school nurse.

The nurse shall notify the building principal, and then assess the situation.

The nurse will then consult with the counselor and/or psychologist regarding the next step, which may include the involvement of resource officers, teachers, peer counselors, or others.

Notification of parents, by the nurse, shall be a joint decision made by the nurse, building principal, counselor and/or psychologist.

The school will also assist the parents in obtaining outside professional help if it is determined, by the parents, to be appropriate.

Written records of action taken will be kept on file in the nurse's office.

Reviewed by Board Attorney -- 12/15/86

Approved at Principals' Meeting -- 12/16/86

Legal and Ethical Issues

INTRODUCTION

Questions about legal responsibility may surface at a teacher inservice on suicide prevention. Each year the number of lawsuits against teachers and school systems rises, and any aware individual would be concerned. We have found that fears personnel have about suicide prevention are often based on misconceptions of the law and professional ethics. Legal questions should be answered directly, and you need to contact your institution's legal representative for answers to specific questions in your locale. While a comprehensive review of this issue is beyond the scope of this manual, some of the basic issues are discussed below.

TORT SUITS FOLLOWING SUICIDE

Torts may be filed against educators following a suicide. A tort is a non-criminal, civil legal action which does not involve a breach of contract. Torts occur when a person's lawful right is somehow violated, and the injured party sues for damages.

Connors (1981) points out that torts fall into two categories: intentional interference and negligence. Interference torts are uncommon and would include suits for causation in fact, charging that the educator deliberately induced a suicide.

A tort charging negligence of some type may be much more likely. Negligence torts all charge that the educator's conduct has been substandard. A wide range of situations can be included in negligence torts. Three examples are:

1. Intentional negligence: deliberately ignoring overt suicidal behavior or knowingly precipitating a mental condition leading to suicide;

2. Unintentional negligence: failing to prevent a foreseeable suicide or unknowingly precipitating a mental condition leading to suicide; and

3. Custodial negligence: failing to prevent the foreseeable suicide of a person with whom one had a special relationship and therefore to whom one owes a specific duty of care.

According to Connors (1981), there are four aspects to negligence torts. First, teachers are expected to provide a certain standard of care for their pupils. This standard of care results from the training educators have had in dealing with young people and the role they assume. The standard of care is higher for lower grade level pupils, who presumably need more supervision than older students. It is highest for pupils under the age of 7, whom the courts have ruled cannot be legally responsible for their actions. Guidance counselors are deemed to have a special relationship with students which confers a duty of care upon them (Knuth, 1979). Since educators and administrators stand in loco parentis, their standard of care is higher than that of the general public (Alexander et al., 1984).

A second aspect of the negligence, unreasonable risk, means that the students have not been exposed to unreasonable risk. With regard to suicide, the question is whether a "reasonable" person could have foreseen it. Most suicides are foreseeable because there are usually verbal, behavioral, and situational clues that suicidal intent is present. Previous attempts and open threats are obvious to the educator. Masked symptoms, which are common to children and adolescents, are more difficult to detect but would still probably be within the range of foreseeable indicators.

The third aspect of negligence suits, proximate causes, states that the teachers behavior has to be closely related to the suicide in time, space, or order. Connors (1981) cites lack of supervision as the classic proximate cause in education. The teacher would not have to directly or indirectly cause the suicide, but merely be somehow involved with the student prior to it.

The fourth aspect of negligence is actual injury. Obviously, a suicide constitutes sufficient injury for a lawsuit.

LIABILITY AND SUICIDE PREVENTION TRAINING

At the time of this publication, the courts still have not decisively ruled on this issue. Suicide prevention training may limit an educator's liability rather than increase it. Rapp et al. (1986) points out that schools have a responsibility to ensure their staff people are competent. If a school hires or retains personnel which it should know are incompetent, or fails to train them adequately, it breaches this duty. Rapp (1986) says that in other areas courts have held employers liable for failing to train staff people, and that there is clearly a sufficient relationship between administrators and teachers to make this applicable.

With regard to suicide, in Kelson v. City of Springfield (767 F.2d 651-57) the court held that a claim against a school system may be based on inadequate suicide prevention training. In this case, the parents of a child who committed suicide on school property charged violation of their fundamental parental rights, of their right to associate with their son, and a pendant action for negligence. Although dismissed by the local magistrate and district court, the ninth circuit court ruled that the parent's claim of deprivation of the society of their child was legitimate. It further ruled that the initial finding of the magistrate prevented consideration of the negligence action, and cited legal precedents for actions based on inadequate training. The circuit court remanded the case for further action.

CONFIDENTIALITY

At present (January, 1988) there is no clear legal precedent on whether an educator must inform parents of a suspected suicidal risk. Efforts to apply the Tarasoff (1976) ruling that a physician has a duty to warn a third party of homicidal danger have not held up in court. In Fleming v. Maximov it was found that a psychiatrist did not have a duty to warn parents of a child's suicidal tendencies. A teacher in this court might not have this duty either.

Apart from legal duties, the value of a life engenders an ethic that life should be preserved. The in loco parentis relationship which exists between educators and pupils creates an ethical duty to warn parents of student's suicidal intent. Keeping suicidal plans secret from people who are well placed to help -- even if only by agreeing to treatment -- may cost a pupil's life. Paradoxically, keeping the secret also violates the trust the pupils invest in educators. Educators are confidants because students trust that they will not be harmed by them, either actively or passively. Educational programs offered by the Suicide Prevention Center, Inc. emphasize the importance of placing the value of a life above the value of a confidence.

IF THE PARENTS IGNORE RECOMMENDATIONS FOR TREATMENT

As a rule, parents have broad responsibility for the care of their children. There are exceptions which allow minors to seek medical or therapeutic counseling without parental consent, but these exceptions vary widely from state to state. The U.S. Supreme Court has upheld the rights of parents to decide upon the appropriate course of treatment for their offspring in two 1979 cases (Parham v. J.L. and Belotti v. Baird).

In 1980 The National Association of Social Workers held a Conference on School Social Work and the Law. They concluded that:

> "It still seems necessary to place the professional responsibility to respond to the client's needs as the highest priority. A school social worker has a right to see a student without parental permission when the student seeks the school social worker. If continuing scheduling contacts are to occur, the parents' cooperation is beneficial. If parents request that there be no contacts, then contacts would have to be of an emergency nature."

It is important to document parental refusal so that if the need arises you can prove a reasonable standard of care was provided the pupil.

SUMMARIES OF COURT DECISIONS CITED ABOVE

Bogust v Iverson (102 N.W. 2nd 228, 230, Wisconsin Supreme Court, 1960)

In this action against a school guidance counselor, the court stated that "(t)he duty of advising (the decedent's) parents could arise only from facts establishing knowledge on the part of the defendant of a mental or emotional state which required medical care; and no such facts are alleged." Furthermore, "as a teacher, (the defendant) cannot be charged with the same degree of care based on such knowledge as a person trained in medicine or psychiatry could exercise." (Wisconsin Law Review)

Seidman v Fishburne-Hudgins Educational Foundation, Inc. (1984)

In this action, the mother of a student expelled from military school sued the school after the school personnel released the student's rifle to him and the student used that rifle to complete suicide. The courts ruled in favor of the school. The student had previously attempted suicide and had been under psychiatric care outside the school setting. The attending psychiatrist had released the student from treatment and declared him fit to return to school. The school refused readmission because of a prior drug-related charge and returned all possessions to the student. The return of the rifle under such circumstances was routine procedure. (Journal of Law and Education)

Gathright v Lincoln Insurance Company (Arkansas, 1985)

Action was brought on behalf of a student who was severely brain damaged when he hanged himself at school with a "bathroom pass" provided by his third grade teacher. The pass was made from quarter inch plywood with an 18 to 20 inch nylon cord attached. The action was against the school district, district's insurance carrier, principal, teacher and school district employee in charge of planning, research, and safety. The teacher and principal consented to judgement and were dismissed from the suit. The courts ruled in favor of the carrier and employee. The court stated that the lack of a more detailed and supervised safety program and rules concerning student control was not a breach of any duty owed to the student (Journal of Law and Education).

Tarasoff v Regents of University of California (551 P. 2d 334, Cal. 1976)

Action was brought against the therapist of a young man who had indicated intent to "kill the female plaintiff (Tarasoff). The therapist failed to warn the young woman of his client's intention and she was subsequently murdered by the client. The courts ruled that under certain circumstances, a therapist has a duty to warn identifiable third parties that a patient under the therapist's care is likely to cause personal injury to a third party, notwithstanding the breach of confidentiality that results (Meehan).

Bella v Greenson (81 Cal. App. 3d 614, 1978)

The courts ruled that the Tarasoff decision was inapplicable to suicide. A psychiatrist is under no similar duty to warn parents of the child's suicidal tendencies. Although parents generally have access to the confidential medical information of their children, some courts would not require a psychiatrist to disclose a child's manifestations of suicidal tendencies to the parents (Fleming v Maximov, Cal. 1974) (Meehan).

Parham v J.L (U.S. Supreme Court, 1979)

The court was asked to decide the constitutionality of a statute permitting parents to admit their children to mental institutions, without the same procedural safeguards afforded to adults. The court ruled in favor of parental interests, saying most parents will not abuse the rights of their offspring in their efforts to seek treatment which will be in the best interests of the child (NASW Conference Proceedings).

Belotti v Biard (U.S. Supreme Court, 1979)

This decision limits the rights of minors to have freedom of choice in matters of potentially serious consequences (NASW Conference Proceedings).

Kelson v. City of Springfield (767 F.2d, 651, 9th circuit court, 1985)

In this action against a school district, school vice principal, and police officer the appeals court ruled that parents do have a right to the society of their children, and that charges of inadequate suicide prevention training could be filed. The court allowed the Kelsons to amend their complaint and remanded the case for further action.

> (Portions of the material in this section appeared in Project Lifesaver: Child and Adolescent Suicide Prevention in Two School Systems, copyright 1986 S.P.C., Inc.)

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Resources

Suicide Prevention Center
P. O. Box 1393
Dayton, OH 45401-1393

24 Hour	(513) 223-4777
Survivors of Suicide, Other Passages	(513) 223-9096

American Association of Suicidology
2459 South Ash
Denver, CO 80222 (303) 692-0985

In Canada:

Suicide Information and Education Centre
201-723 14th St. N.W.
Calgary, Alberta T2N 2A4

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